KANSAS EDI RELEASE I
IMPLEMENTATION GUIDE

For reporting
First (FROI) and Subsequent (SROI) Reports of Injury

Version 2.0

For Implementation on July 1, 2005

Kansas Department of Labor
Workers Compensation

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Original Release and Revisions

The Kansas EDI Release I Implementation Guide was originally released on July, 14 2003. This revised version was published on July 1, 2005. To report any errors for correction, please contact the EDI Project Manager, KDWC, 800 SW Jackson, Suite 600, Topeka, KS 66612-1227; telephone number 785.296.4120.

Summary of Changes: (07-01-2005):

Page 51 - FROI Element Requirement Table

<u>**MCO designations**</u> for the following Data Elements have been changed:

- DN25 Industry Code on the Acquired/Unallocated FROI changed from "M" mandatory to "C" conditional

Page 52 - SROI Element Requirement Table

<u>**MCO designations**</u> for the following Data Elements have been changed:

- DN55 Number of Dependants on the Full Salary SROI changed from "C" conditional to "N/A" not applicable

- DN55 Number of Dependants on the Compensable Death SROI changed from "O" optional to "N/A" not applicable

- DN86 Payment/Adjustment Paid to Date and DN87 Payment/Adjustment Weekly Amount on the Final (FN) SROI changed from "M" mandatory to "C" conditional

Pages 53, 54, and 55- Data Element Requirements Conditional Statements Table revisions:

- The conditional statements for DN05 Agency Claim Number on the FROI, DN055 Number of Dependents on the FROI, DN056 Date Disability Began on the FROI, DN057 Employee Date of Death on the FROI, have been revised for clarification purposes only, no new conditions have been added.
- The conditional statements for DN061 Wage, and DN062 Wage Period were removed from the "First Report Date Requirement Conditional Statements" and placed into the "Subsequent Report Data Requirement Conditional Statements" where they belong.
- DN055 Number of Dependents on the SROI, DN056 Date Disability Began on the SROI, DN072 Date of Return/Release to Work on the SROI, DN095 Paid To Date/Reduced Earnings/Recoveries Code, and DN096 Paid To Date/Reduced Earnings/Recoveries Amount have been revised for clarification purposes only, no new conditions have been added.

Page 65 – Kansas Transaction Sequencing Requirements (Edit 063) Table revisions:

- Moved the Acquired/Unallocated report (AU) from reject column to the allow column if last submitted FROI was a "00" Original Report of Injury

- Moved the Annual report (AN) from the reject column to the allow column if last submitted FROI was a "04" Denial

- Moved the AU from the allow column to the reject column if last submitted SROI was a "04" Denial

- Moved both the Acquired Payment (AP) and AN reports from reject column to the allow column if the last submitted SROI was a "04" Denial

Pages 67 & 68 - Edit Matrix Table

<u>**Edits**</u> for the following FROI Data Elements have been changed:

- For DN05 Agency Claim Number Edit 57 "Duplicate Transmission / Transaction" (TR) applies to all FROIs except the 00 Original, 04 Denial, and AU Acquired/Unallocated reports

- For DN07 Insurer Name Edit 30 "Must be Alpha-Numeric (0-9, A-Z)" (TR) removed and Edit 58 Code/ID invalid (TR) defined as 0-9 A/N and the special characters: ' , . # ( ) - & ! @ / \ ; : substituted on all FROI reports (see Edit Table Comments page 75 as well)

- For DN09 TPA Name Edit 30 "Must be Alpha-Numeric (0-9, A-Z)" (TR) removed and Edit 58 Code/ID invalid (TR) defined as 0-9 A/N and the special characters: ' , . # ( ) - & ! @ / \ ; : substituted on all FROI reports (see Edit Table Comments page 75 as well)

- For DN15 Claim Administrator claim number, Edit 100 "No leading and Embedded Spaces" (TE) has been removed from all FROI reports

- For DN18 Employer Name Edit 58 Code/ID invalid 0-9 A/N defined as 0-9 A/N and the special characters: ' , . # ( ) - & ! @ / \ ; : was added on all FROI reports (see Edit Table Comments page 75 as well)

- For DN42 Social Security Number, Edit 39 "No Match on Database" was changed from (TR) to (TE) for all FROIs except for 00 Original, 04 Denial, and AU Acquired/Unallocated

Pages 69, 70, and 71 - Edit Matrix Table

Edits for the following **FROI and SROI** Data Elements have been changed:

- For DN43 Employee Last Name Edit 30 "Must be Alpha-Numeric (0-9, A-Z)" (TR) removed and Edit 58 Code/ID invalid (TR) defined as 0-9 A/N and the special characters: ' , . # ( ) - & ! @ / \ ; : substituted on all FROI reports (see Edit Table Comments page 75 as well)

- For DN44 Employee First Name Edit 30 "Must be Alpha-Numeric (0-9, A-Z)" (TR) removed and Edit 58 Code/ID invalid (TR) defined as 0-9 A/N and the special characters: ' , . # ( ) - & ! @ / \ ; : substituted on all FROI reports (see Edit Table Comments page 75 as well)

- For DN04 Jurisdiction Edit 57 "Duplicate Transmission / Transaction" (TR) has been removed from all SROIs

- For DN06 Insurer FEIN Edit 59 "Value Not Consistent With Previous Report "(TR) applies to all SROIs except for the Correction and Change (02) reports

- For DN08 Third Party Administrator FEIN Edit 59 "Value Not Consistent With Previous Report "(TE) applies to all SROIs except for the Correction and Change (02) reports

- For DN72 Date Return To Work and DN70 Date Maximum Medical Improvement Edit 37 "Must be <= MTC Reason Code Date" was completely removed for both the Initial Payment and Acquired Payment reports

- For DN76 Date of Representation Edit 37 "Must be <= MTC Reason Code Date" was removed for all SROIs

Page 79- FROI and SROI Match Routine

The FROI with Agency Claim Number and SROI **match routines** were **clarified:**

If FROI with Agency Claim Number begin Match: [FROI such as Cancel, Denial, AU]
Primary:
- ☐ Agency Claim Number (is the state's primary Unique ID)
- ☐ Claim Administrator Claim Number
- ☐ If Duplicate, Perform Secondary & Third Match else Report Process
- ☐ Match "SSN" and "DOI" to verify Match or Identify duplicates as part of secondary match process

If SROI (all must have Agency Claim Number) begin Match
> **Primary:**
> ☐ Agency Claim Number (is the state's primary Unique ID)
> ☐ Claim Administrator Claim Number
> ☐ If Duplicate, perform Secondary; else Report Process
> ☐ Match "SSN" and "DOI" to verify Match or Identify duplicates as part of secondary match process
> ☐ No third-level match process for SROI reports

Page 103- KDWC Test and Production Process- Exemptions from full FROI/SROI testing has been articulated in the Implementation Guide:

All KDWC trading partners who voluntarily participate in Kansas EDI are scheduled for testing on a first come first served basis and are required to complete the full test program. Trading Partners who do not use an approved data transport method must either secure such services or seek approval of their data transport method in accordance with the technical competency requirements referenced above. Please note that all programming and associated costs will be borne by the Trading Partner and that passing extensive technical and business competency testing is required.

Exemption from Testing: the Division's exemption testing policy is as follows:

As stated on page 101, Trading Partners who use an approved data transport method with demonstrated competence reporting to another WC jurisdiction using IAIABC EDI Release 1 standards *may* be required to send only one test file to KDWC to validate connectivity.

If a trading partner is in production with at least one other Release 1 state and using an approved experienced EDI vendor's compliance reporting system (Compliance Reporting System is comprised of data capture, data validation and data transport) in that state and plan to use the same vendor compliance reporting system in Kansas then the trading partner is only required to complete the technical capability testing, and is not required to pass the FROI/SROI business content testing.

From the vendor's point of view, if they are sending data on behalf of a client in one Release 1 state (in production) and that client wants to do the same for their reporting in Kansas they are only required to complete the technical capability test to establish connectivity (one original FROI including Header Record with Test/Production indicator of T, the "00" Original FROI, and Trailer Record). Vendor's client will not be required to proceed through the FROI/SROI business content testing. Once connectivity has been established client will be moved into production status. **Please note, the Division allows exemption to testing on the assumption that the vendor's testing with each client on data capture, data validation and data transport has built-in checks and balances that render additional testing redundant**. **If this proves not to be the case the Division will require full testing for each vendor client.**

A list of vendors* is available on the Kansas Department of Labor, Workers Compensation EDI web site. The list is comprised of EDI vendors currently submitting workers compensation claim reports in other jurisdictions and who have proven technical and business capability to comply with the Kansas EDI Implementation Guide. This list is for informational purposes only and KDWC does not endorse and/or recommend the services of any one vendor.

Refer to the IAIABC, and other EDI standard setting organizations for additional EDI vendors.

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*   Please note that WC Reporting Products typically use an approved Data Transport vendor and meet IAIABC electronic record requirements, and varying levels of data editing and compliance with other EDI business rules.

Page 110- Ongoing Monitoring of Production Status (Guidelines for Implementing the 85-15 EDI Quality Compliance Standard) was revised to the following:

The KDWC EDI business content data quality requirement is referred to as either the **85-15 standard**, or the **85-15-80 standard**. Because the 80% portion of the standard refers only to TE corrections (corrections of reports receiving a TE acknowledgment) and not TR replacements (replacements for reports receiving a TR acknowledgment), the standard as it applies to TAs, TEs, or TRs will be referred to as the 85-15 standard.

- A minimum of 85% of a specified set of transactions are accepted with a TA or TE status
- No more than 15 % of a specified set of transactions are rejected with a TR status
- A minimum of 80% of those transactions accepted with a TE status, within the specified set of transactions, have been corrected by submission of a correction transaction (CO) which itself receives a TA status.

For trading partners in production status, the 85-15-80 standard must be met each quarter. Trading partners are defined as an insurance carrier, self-insured employer, group-funded pool, or third party administrator responsible for submitting claim reports electronically to the Kansas Division of Workers Compensation (KDWC).

Procedures for Implementing the 85-15 Standard

(1) Once every quarter, KDWC will use a combination of Claims Harbor management reports, error reports, and division database queries, to monitor trading partner performance against the Kansas quality standard (the 85-15 rule).
(2) The 85-15 standard will be applied by measuring the combined percentage of TA and TE acknowledgments for all transactions over five batches, per trading partner, within the quarterly reporting period context.
(3) Those trading partners that fail to meet the standard will be temporarily classified as being in non-compliance status and will be monitored on a monthly basis until they meet the 85-15 standard.
(4) The 80% correction standard will be applied by measuring how many CO transactions sent in response to TE acknowledgments were received within the time frame established in the Claims Event Table (5 days) during the quarterly reporting period. An alternative method may be used in cases where a pattern is detected that a small percentage of the errors on single transactions are corrected on each of a series of CO transactions submitted in response to the single transaction. In such cases KDWC may measure the number of times the trading partner takes to get a transaction to TA status from the first TE (no matter how many COs it takes). The 80% rule will apply to the ratio of the number of corrections needed, to get a single transaction to a TA, to the number of errors in the initial transaction.
(5) Disciplinary compliance procedures will be invoked if the trading partner repeatedly fails the 85-15-80 standard.

Page (formerly 116) Appendix 1- EDI Vendor List:

- The list of EDI vendors has been removed from the Implementation Guide and is now available only on the Kansas Department of Labor, Workers Compensation EDI web site.

Pages 116-128 Appendix - Transaction Examples:

- There were inaccurate data element requirements on several of the transaction example which have now been corrected.

Foreword

Legislation Authorizing Electronic Data Interchange

The Kansas Division of Workers Compensation (KDWC), of the Department of Labor, has compiled this updated version of the Kansas Electronic Data Interchange (EDI) Implementation Guide (EDI Guide). The EDI Guide provides information necessary to implement legislation (H.B. 2729) signed by Governor Graves in 2002 authorizing EDI as an alternative method of reporting data equivalent to the K-WC 1101-A Employer's Report of Accident Form and the Kansas Closed Claims (CCS) study.

Prior to the legislation authorizing EDI reporting, Kansas employers were required to report work-related injury or occupational disease information to their insurance carrier or third party administrator and to the KDWC using the Employer's Report of Accident, K-WC 1101-A, paper form. Specifically, Kansas Statutes Annotated (K.S.A.) 44-557(a) requires:

> *"every employer to make or cause to be made a report to the director of any accident, or claimed or alleged accident, to any employee which occurs in the course of the employee's employment and of which the employer or the employer's supervisor has knowledge, which report shall be made upon a form to be prepared by the director, 28 days, after the receipt of such knowledge…"*

Additionally, insurance carriers or third-party claim administrators (TPA), and the self-insured (including group-funded workers compensation pools) were also required to report claims data to KDWC via the Division's proprietary Open & Closed claims software when participating in the study. K.S.A. 44-557a(c) mandates the Director of Workers Compensation "*to conduct studies of closed claims under the workers compensation act*" and to seek advice in order to *"make valid statistical conclusions as to the distributions of costs of workers compensation benefits."* The statute also specifies that the Director shall *"compile and publish statistics to determine the causation of compensable disabilities in the state of Kansas… [and] determine the effectiveness of the workers compensation act to provide adequate indemnity, medical and vocational rehabilitation compensation to injured workers and to return injured workers to remunerative employment."* The expectation of the Division's Closed Claims (CCS) Study is that the data collected will provide a foundation upon which to construct meaningful statistical conclusions about the costs of and important characteristics associated with workers compensation claims in Kansas.

Under the new legislation, self-insured employers, group-funded pools, insurance carriers, and third party administrators have the option to submit data equivalent to the K-WC 1101-A and CCS Study information in electronic format to the KDWC in accordance with KDWC requirements contained in this Implementation Guide based on the International Association of Industrial Accident Boards and Commission's (IAIABC) Release 1 Electronic Data Interchange (EDI) standards. K.S.A. 44-557a (b) was amended, with respect to EDI, to include the following:

> *"Unless provided by regulations to the contrary, on or after January 1, 2004, any insurer, group-funded workers compensation pool or self-insured employer who voluntarily submits claim information to the director pursuant to release 1 of the international association of industrial accident boards and commission's electronic data interchange implementation guide dated August 9, 1995, and amendments thereto, up to April 1, 2002 shall be deemed to be in compliance."*

Because participation in the KDWC EDI program is voluntary, KDWC will continue to accept the current K-WC 1101-A paper form and OCC reports until further notice. KDWC encourages the statutory authorized alternative EDI method for reporting accident & claim information to KDWC.

KDWC requires that a report be submitted if a work related accident or occupational exposure that results in personal injury or illness *"sufficient wholly or partially to incapacitate the person injured from labor or service for more than the remainder of the day, shift or turn on which such injuries were sustained"* (K.S.A. 44-557); or requiring medical treatment or care by a medical provider other than first aid administered at the site of accidence or occurrence.

K.S.A. 44-557(a), however, merely sets the statutory floor for when a First Report of Injury **must** be reported to the state. However, all insurance carriers, third party administrators, or self-insured employers**,** and group-funded pools **may** send a First Report for any accident that does not meet the statutory threshold to require a report of the accident. KDWC strongly encourages report of any and all work related injuries regardless of lost time.

Beginning in July 2003, insurers, self-insurers, or TPAs acting on their behalf, began the testing process with KDWC and the program was implemented in November 2003.

Please note:

Participation in the KDWC EDI program requires adherence to all applicable reporting and KDWC data quality requirements set out in this Implementation Guide.

Penalties and Fines

The Division's policy is that all trading partners utilizing the electronic data interchange option allowed under K.S.A. 44-557a(b), regardless of inclusion in the Closed Claims study, and that have agreed to the conditions of the trading partner agreement shall submit **all** original and subsequent reports of injury specifically listed in the KDWC EDI event table in the implementation guide. Failure to submit required EDI reports and/or to meet the data quality threshold standards set out in the sections on *Data Quality Requirements for Business Content Test Files* and *Ongoing Monitoring of Production Status* will result in the trading partner being moved back into testing status and eventually forfeiting the opportunity to file EDI reports to meet their statutory obligations, and subsequently, may be subject to penalties for non-compliance stated below.

Under the Kansas Workers Compensation Act failure to file injury reports and claims data specified under K.S.A. 44-557 and 44-557(a) to the Director subjects reporters to different financial penalties depending upon whether the information required relates to an original or subsequent report of injury. K.S.A. 44-557(d) states that "the repeated failure of any employer to file or cause to be filed any report required by this section shall be subject to a civil penalty for each violation of not to exceed $250." The Division has adopted by regulation (K.A.R. 51-9-17) that claim information submitted pursuant to K.S.A. 44-557a and amendments thereto according to the Kansas Implementation Guide's first report of injury, commonly called "FROI 00", shall be considered the filing of an accident report pursuant to K.S.A. 44-557 and amendments thereto, and the information shall not be open to public inspection except as provided in K.S.A. 44-550b and amendments thereto. Subsequently, the Division may apply the fining provisions of 44-557(d) to EDI trading partners that fail to file IAIABC FROI 00 within 28 days of the employer's first knowledge of the accident.

For subsequent reports of injury on claims costs and characteristics K.S.A. 44-557a requires that *"[i]n order to further the purpose of subsection (a), each self-insured employer, group-funded workers compensation pool, and insurance carrier shall submit to the director the disposition of a statistically significant sample closed claims under the act"* and in section (f) that *"[i]f a self-insured employer, group-funded workers compensation pool, or insurance carrier fails to supply the information required by this section, the director shall issue and serve upon such person a summary order or statement of the charges*

with respect thereto and a hearing shall be conducted thereon in accordance with the provisions of the Kansas administrative procedure act. An administrative penalty of up to $500 for each violation or act, along with an additional penalty of up to $100 for each week thereafter that such report or other information is not provided to the director shall be imposed." Therefore, the Division may apply the fining provisions of 44-557a(f) to EDI trading partners that fail to file IAIABC SROI reports, in lieu of their claims study reporting obligations, within the number of days specified in the Kansas EDI Implementation Guide.

EDI Implementation Assistance

This Guide, when used in conjunction with the IAIABC Release 1 EDI Implementation Guide, provides the business and technical information necessary to meet KDWC alternate reporting requirements for

- EDI submissions to KDWC
- The paper equivalents that ***may*** be submitted to KDWC or exchanged between insurers, employers, claim administrators, injured workers, and others entitled to this information.

EDI technical and business reporting competency testing is required of each KDWC insurer, self insurer, group funded pool, or a TPA acting on their behalf (KDWC Trading Partner) prior to approval by KDWC of ***production*** status. Achieving "Production" status is required before implementing the EDI alternative reporting requirements in the Trading Partner's business operations. This implementation guide provides the testing requirements, process and information regarding the KDWC EDI coordinator who will assist you through the testing process.

Upon implementation of EDI production transmission, filing of the K-WC 1101-A Employers Report of Accident to KDWC from employers, insurers, or claim administrators will no longer be required.

KDWC EDI reports must be sent through an approved EDI data transport method or vendor described in the Test and Production Process technical and business competency requirements. Please also see the "Submitting Options to Consider" and "Information and Help" section of this Guide and the IAIABC web site for more details (http://www.iaiabc.org).

Required Implementation Date

As indicated above, the voluntary implementation date of the program began in November 2003. However, there are tasks that must be accomplished before EDI reporting is authorized to begin and use of the K-WC 1101-A Employers' Report of Accident, reporting may be suspended.

Claim Administrators who are included in the annual Closed Claim Study (CCS) may suspend reporting of the CCS Report, if the following conditions are met:

1. They are authorized to report using EDI requirements (Production Status).

2. They submit a number of EDI "First report of Injury" (00) and "Annual" (AN) Reports equal to the number of requested CCS claims.

3. The Final Reports submitted in place of the CCS claims were open for at least one day in the prior year, and closed in that year.

4. They implement EDI sufficiently in advance to accomplish the above before the CCS May report due date.

    - Please note: Once a claim administrator implements EDI and has meet their CCS reporting quota that year, it will not be necessary to submit CCS reports again if EDI reporting requirements are met.

Use of Data Received through EDI

Data received through the Kansas Division of Workers Compensation EDI Reporting is available only to KDWC as required by the Kansas Workers Compensation Act. The KDWC has taken affirmative steps to require that the EDI vendor will assure the data security and confidentiality of the EDI process for the data received and processed by the vendor.

Acknowledgements

The Kansas Division of Workers Compensation wishes to thank all individuals and organizations including the insurance carriers, third party administrators, the self-insured employers and group-funded pools in the state of Kansas, the IAIABC EDI committees, Claims Harbor (formerly Bridium Inc.), the Workers Compensation Advisory Council, Secretary of the Department of Labor Jim Garner, Workers Compensation Director Paula Greathouse, and information technology staff in the Department of Labor for their input and cooperation during the drafting and development of this implementation guide. KDWC especially wants to acknowledge and thank EDI consultants Jeff Snow and Sylvia Marek for their extraordinary advice and work on this guide and the EDI project; they truly have been essential to the success of this collaborative process.

Important Kansas EDI Terminology

The following definitions apply to the Kansas documents and EDI processes described in this Implementation Guide.

ADMINISTRATOR

Synonymous with Claim Administrator.

ANSI ASC X12

American Standards National Institute (ANSI), Accredited Standards Committee (ASC), X12 - is an organization that develops Electronic Data Interchange (EDI) communication standards. The "X" represents "Communications" and "X12" is the twelfth Communication Standards Committee under ASC. This organization is also referred to as "ANSI X12," "ASC X12" or just "X12" Also, see "X12N."

BATCH

A set of records containing one IAIABC Header record, one or more FROI or SROI transactions, and one Trailer record, or the ANSI equivalent. Any error in the Header record or the Trailer record will cause the rejection of the entire Batch without further transaction level edits being applied. A batch may not mix the 148 (FROI) and the A49 (SROI) transaction types together.

BUSINESS COMPETENCE

Refers to process by which the KDWC EDI Coordinator examines report data content to determine if it meets the quality standards of the KDWC. Business competence is demonstrated by the ability to submit FROI and SROI reports in the correct sequence and to pass the KDWC EDI System's edits for data content and values.

BUSINESS RULES

The business requirements that dictate when a report is created, edited, and when and how transmitted.

CARRIER

Another term used to reference an Insurance Company licensed to write Workers' Compensation and Employer's Liability Insurance in Kansas and a member of KDWC.

CLAIM ADMINISTRATOR

The organization that services workers' compensation claims according to jurisdiction rules. An Administrator may be an Insurer, a Third Party Administrator, an Independent Adjuster, a Self-administered Self-insured Employer, or Statutory Noninsured.

CCS

The statutorily required Closed Claims Study administered on an annual basis by the Technology & Statistics section of KDWC. K.S.A. 44-557a(c) mandates the Director of Workers Compensation "to conduct studies of closed claims under the workers compensation act" and to seek advice in order to "make valid statistical conclusions as to the distributions of costs of workers compensation benefits."

DATA ELEMENT

A single piece of defined information contained within a transaction (FROI or SROI). Each Data Element is assigned a reference number (DN - Data Number) and includes a definition and format (length and data type) and may, if it is a code, list acceptable values or reference the code source (for example, Employer FEIN is 15 AN).

DISA

Data Interchange Standards Association - is the Secretariat of X12. DISA manages the EDI standards database, arranges standards development meetings, and provides educational conferences and seminars.

EDI

(EDI) is the computer-to-computer exchange of data or information in a standardized format. In workers' compensation, EDI refers to the electronic transmission of claims information from Claims Administrators (insurers, self-administered self-insured employers, and third party administrators) to a State Workers' Compensation Agency.

EDITED DATA

A term used to describe the information on a transaction after it has been processed through the KDWC system edits and found to contain valid data.

ELECTRONIC FORMAT

A term used to refer to IAIABC EDI Release 1 and flat file or ANSI formats.

ENVIRONMENT

The boundary and conditions under which an application runs or in which files are manipulated or processed.

EVENT

A specific business occurrence, such as the occurrence of an accident, satisfying the waiting period, the initial payment on a claim, suspension of benefits, or the reinstatement of a benefit, etc. Such events, when entered into a computer system, may be defined as a trigger for a jurisdiction-required report.

EXPERIENCED EDI VENDORS

Experienced EDI vendor services include, at a minimum, responsibility for report transmissions and acknowledgements between the Sender and KDWC EDI System via KDWC recognized Value Added Networks (VANs) of IBM Global (Advantis) and AT&T. Vendor services and products often include the highly recommended features of pre-transmission data quality editing and management of EDI transmissions and acknowledgements. All experienced EDI vendors have demonstrated EDI competence in several IAIABC EDI states.

FROI

First Report of Injury – a group of transactions that occur at the early stages of claim processing that typically report the entities involved, and describes the accident and resulting injuries.

GROUP-FUNDED POOL

An association of employers that have under K.S.A. 44-581 "enter[ed] into agreements to pool their liabilities for Kansas workers compensation benefits and employer's liability."

IAIABC

International Association of Industrial Accident Boards and Commissions – an organization, whose members are industrial accident, workers' compensation, or other governmental bodies as well as associate members comprised of other industry-related organizations and individuals.

IG

An abbreviation used to refer to an Implementation Guide.

KDWC

An acronym for the Kansas Division of Workers' Compensation, the ultimate recipient of all FROI & SROI EDI submissions. Also, the direct recipient of any hard-copy K-WC 1101-A forms and OCC data submissions for reporting entities not utilizing EDI.

K-WC 1101-A

The Kansas Employer Report of Accident Form required by statute. K.S.A. 44-557 (a) requires "every employer to make or cause to be made a report to the director of any accident, or claimed or alleged accident, to any employee which occurs in the course of the employee's employment and of which the employer or the employer's supervisor has knowledge, which report shall be made upon a form to be prepared by the director, 28 days, after the receipt of such knowledge…"

MTC

Maintenance Type Code – a code that identifies the purpose of a transaction. The MTC (DN#2) is included in all EDI transactions. For example: "00" denotes the Original First Report of Injury. The "IP" denotes the Initial Payment.

PRODUCTION (STATUS)

A designation that a Trading Partner has completed all EDI implementation testing satisfactorily as determined by the KDWC EDI Test Coordinator and do not have to report data through either the paper K-WC 1101-A and/or OCC flat file.

RAW DATA

Refers to the transaction and its contents as it is received from a sender by the KDWC and before the data is subjected to the KDWC EDI System's automated edits.

RECEIVER

The entity to which an EDI report is sent. The Receiver of Kansas Workers' Compensation electronic claim reports is KDWC.

REPORTER

The entity required by law to file or may be allowed by law or regulation to file electronic claim reports for itself or on behalf of customers or clients. The Reporter is the Kansas Trading Partner.

SELF INSURED

An employer (including governmental entities) authorized by the Director of the Kansas Division of Workers Compensation to self-insure its obligations under K.S.A.44-532.

SENDER

An entity that forwards the Trading Partner's information in the IAIABC EDI Release 1 (or ANSI equivalent) format to and receives EDI acknowledgments from KDWC. This entity is required to complete the Trading Partner Profile.

SROI

Subsequent Report of Injury – a group of transactions that report claim processing changes to, or current totals of benefits paid on a claim.

TECHNICAL COMPETENCE

The ability to meet IAIABC Release 1 approved record format requirements and the use of an approved data transport method as defined in the following KDWC Implementation Guide sections: Communication Requirements, Kansas Policy for Additional External Connections, Network Requirements, Application Software Requirements, Processing Requirements, and Restrictions.

TEST PERIOD

The initial environment or phase in which the trading partner/sender/reporter sends a series of transactions that are analyzed for both the technical and business content.

TEST PLAN

A plan developed by the KDWC EDI Test Coordinator and the Sender's EDI Coordinator outlining the events, the time frame, and the responsibilities of each party for testing and evaluating data sent in the Test environment.

TPA

A Third Party Administrator that provides the claim administration services on behalf of Carriers, Self-insurers or group-funded pools.

TRADING PARTNER

A Carrier, Self-Administered, group-funded pool, or TPA responsible for submitting claim reports electronically to KDWC.

TRANSLATOR

Software that uses data conversion mapping rules to convert data from one format to another. Normally, for EDI processing, this term refers to a product the converts data between proprietary (not a national or industry standard) formats and X12 format. Refer to the Vendor section of this Implementation Guide for further information.

TRANSACTION

In this guide, a Transaction refers to one detail record (example FROI or SROI) and contains data elements as defined in the IAIABC record layouts, which are found in the IAIABC EDI Release I Implementation Guide. See MTC also listed in this Glossary.

TRANSACTION TYPE

Explains the purpose of a transaction. For example: Original FROI (00), Semi-Annual (SA).

TRANSMISSION FILE

One or more batches shipped together from the sender to the receiver.

VAN

A Value Added Network, VAN, is an organization that facilitates the exchange of data between trading partners by performing some or all of the following services: extended hours of operation (often 24 x 7), a mailbox from which EDI transactions may be sent or received, communication functions to monitor and assure successful data transfer, data recovery, and data security, etc.

X12N

X12N is the Insurance Subcommittee of ANSI that develops EDI standards for the insurance industry.

XML

XML stands for extensible markup language and is a data format utilized by the insurance industry.

Organization of Information in this Manual

This KDWC EDI Implementation Guide is being presented to you in a sequence we anticipate will match a claim administrator's interests and managerial responsibilities. The following synopsis of its sections may be of assistance.

The Background of State EDI Reporting Standards (page 18) is provided to convey that state EDI reporting originated as a claim administrator effort and that it continues today with states and claim administrators working together at the IAIABC. The goals are to:

- Simplify state reporting requirements through standardization,
- Assist states to manage their Workers' Compensation Systems, and
- Reduce state reporting costs.

The Executive Summary: Managing an EDI Implementation (page 19) is provided to draw attention to the various implementation tasks and options to consider.

Information and Help (page 21) is provided as a source for Kansas state assistance, KS's vendor's assistance, access to current information, related projects and topics, as well as other vendor and consultant services and options.

The Steps to Implement EDI (page 22) Refer to Specific Differences Between the EDI and the Current Kansas Reporting Process (KS DWC process; page 23) providing a base from which to understand the new requirements.

The Reports and Data Requirements (page 25) are presented in several stages:

1. Current KDWC 1101-A form with IAIABC data number notations indicate current data used in electronic reporting.

2. IAIABC paper forms and electronic data lists describe the First Report of Injury (FROI) and Subsequent (SROI) data requirements.

3. Cross-references for FROIs and SROIs provide an analysis of the requirements and relate the previous reporting methods to the new electronic reporting requirements.

This section identifies several data definitions that must be considered.

An introduction to EDI Reports and Claim Events (page 38) identifies situations in which the KDWC EDI reports are due. A table of KDWC events is provided.

The Approved EDI Formats (page 62) section describes the technical formats authorized by KDWC in business terms. (Technical data for the formats is provided in the IAIABC Release 1 Implementation Guide and again in the appendix of this Guide.)

Data Quality is a key philosophy of all EDI systems. EDI is an interactive relationship between your company and KDWC. Data you submit must pass KDWC Edits. The KDWC EDI system will acknowledge each Report (transaction) you submit. Transactions that fail must be resent. Data Errors must be corrected. The Data Edits (page 63) provide KDWC edit rules and an overview of how this process works. The Transaction Sequence Requirements (page 43) section expresses the order in which a claim administrator will submit reports to KDWC and the business events to which they correspond. Therefore, reports and transactions must be in the correct order of business events. Educational information to bridge claim administrator knowledge and EDI processes is provided throughout the guide.

The Reporting Process Functions & Options (page 80) section lists a combination of in-house and vendor EDI solutions. It includes several basic tips that will assist you to make the proper decisions for your company.

The <u>KDWC EDI Trading Partner Process</u> (page 86) section walks you through completing a Trading Partner Agreement and a Trading Partner Profile. The Trading Partner Agreement documents report and data requirements that the KDWC EDI program will expect from you. The Trading Partner Profile relays information that is used by KDWC and your system (or if you elect to use one to send your information, the vendor's system) to communicate electronically with each other. Therefore, your reporting option choices will determine some of the information on the Trading Partner Profile; option selections must first be selected.

The <u>KDWC Test and Production Process</u> (page 103) describes the procedure you will use in proving your technical capability, the quality of your data, and thereby, the elimination of paper reporting. You will be deemed out of compliance with the statutory requirements if the quality of your data in your EDI submissions falls below KDWC's data quality requirements even after you reach "production" status following your testing.

Background of State EDI Reporting Standards

A specific set of standards for workers' compensation reporting formats is now available. Kansas Division of Workers Compensation (KDWC) shares their objectives. Development of the standards began in 1989 when a group of national Claim Administrators worked with the North Carolina Workers' Compensation agency to develop the first state-accepted electronic Report of Injury. Their objective was to reduce state reporting administrative processes and costs. Their project was successful and provided almost immediate benefit to both the claim administrators and North Carolina.

Based on the success of the North Carolina project, the participants set out to duplicate the process in other states. Many changes to the North Carolina model were needed. State reporting had to be considered in the broadest terms instead of by state or locality. The group continued to meet under the International Association of Industrial Accident Boards and Commissions (IAIABC) umbrella unofficially to satisfy antitrust requirements.

This group identified several major categories of Claim Administrator and Employer Reports and when state-required reports were to be submitted, it identified which data was required. This allowed creation of a data element dictionary and a reporting event table that could be used by any state and which was based on the claim administrator claim handling process. The developers used existing and widely used data standards to leverage system enhancements implemented by many claim administrators and state administrators. As a result, the group reduced numerous data elements and reporting situations into a more concise data list and a manageable set of reporting conditions that would meet the needs of most states.

The initial process took several years to accomplish. Its success is attributable to the state and claim administrator participants who painstakingly and patiently reviewed state requirements and claim administrator processes that benefited both parties. Their work continues today to expand the use of these EDI standards. As state participation grew, these copyrighted standards are now available from the IAIABC. Contact the IAIABC at (608) 663-6355 or visit their web site at http://www.iaiabc.org to acquire a copy of the standards, which may be downloaded from their site at no cost to you.

Executive Summary: Managing an EDI Implementation

If you are a Claim Administrator who has not been involved in fulfilling state Workers' Compensation electronic reporting requirements before, it may all seem foreign and totally technical to you. In reality, EDI, while it is all about business, does have two sides. It's about using data that originates in your claim handling processes to meet jurisdictional reporting requirements. Ideally, it shifts report generation from a manual process to an automated or software-assisted process. Therefore, your initial task is to assess the requirements, compare them to your manual and automated processes, and determine your best business solution. EDI does have a considerable technical or "Information Systems" component, but it is based on your business associations and business processes.

The technical side of EDI has three major components.

1. Your computer-based claim processing system where claim data is stored.

2. An EDI management system or a component that contains jurisdiction requirements:

    a. The required report types,

    b. When they are required,

    c. When they are due,

    d. Their data requirements,

    e. Required edits,

    f. The state's response to each report.

3. A system that manages the exchange of reports between your organization, states, your clients, etc.

Due to the differences between Claim Administrator claim handling processes and their computer systems, each administrator may have very different capabilities. Each must assess the best way to modify their claim handling process and determine how to implement the three technical EDI components. The solution may be to use your own technical staff to build the technical components, use a bridge or vendor system, or, if your volume is low, to subscribe to the KDWC web-based or Internet solution. Some may conclude that a mixture of in-house development and vendor products and services work best for them – others will conclude a different solution works best for them depending on the available services, the technology already in use, and cost constraints.

The following is a possible list of tasks to perform. The list is not intended to be all-inclusive or be in the optimal order. Its primary goal is to raise your awareness to allow your own managerial skills and insight to take over.

1. Determine if your company desires to participate in the KDWC voluntary EDI implementation which began in November 2003.

2. If you are interested in participating in the voluntary EDI program, acquire a copy of the "IAIABC Release 1 EDI Implementation Guide" from the IAIABC web site (http://www.iaiabc.org).

3. Develop a basic understanding of EDI and KDWC reporting requirements.

4. Scan the Information and Help (page 21) section.

5. Read the Steps to Implement KDWC EDI Requirements (page 22) to know what will be required of your claims process and electronic reports to KDWC.

6. Perform a high-level comparison of KDWC requirements against your current claim computer system capabilities.

7. Read the Reporting Process Functions & Options (page 80) for a review of the types of EDI vendor products and service options to consider.

8. Based on your high-level assessment of existing capabilities and EDI requirements, conceptualize how your organization might implement the various options and which solution might be the most appropriate.

9. Use your organization project development process to initiate a formal project proposal involving business and technical departments using the detailed KDWC business requirements. Be sure to scope the project to include anticipated related EDI projects.

10. Use the information resources to expand your knowledge of state EDI reporting.

11. Use industry meetings and other business contacts to identify claim administrators that have participated in the development of the standards or have successfully implemented EDI in other states. Inquire about how they implemented EDI and what they would do differently now. What were their experiences with building EDI solutions or with vendor products or services?

12. Determine and agree upon a Test Date with the Kansas EDI Testing Coordinator. Refer to the Testing Section of this Implementation Guide.

13. Complete and submit your Trading Partner Agreement form and your Trading Partner Profile to the KDWC EDI Test Coordinator at least two weeks prior to the first date of your scheduled Test Period.

14. Monitor the KDWC official web site for new information and requirements changes.

15. Attend training sessions given by KDWC.

16. Implement your EDI solutions and document all processes.

17. Train Claim and Technical personnel for their roles and duties.

18. Prepare and begin submission of Test processes with KDWC on the first date of your assigned Test Period.

19. Begin submission of Production Transactions on the approved Production date.

20. Monitor and update processes and train staff accordingly as any process issues occur.

21. Continue to check the KDWC web site periodically and participate in any KDWC EDI initiatives that may develop.

22. Pass your experiences along to help those who follow your organization into EDI.

Please refer to the Business / Technical Lead Task Summary at the conclusion of the sections describing the Kansas Reporting Requirements for a concise checklist of the required steps to implement EDI in Kansas.

Information and Help

KWC Official Web Pages	Web sites: http://www.dol.ks.gov/WC/HTML/wc_ALL.html http://www.dol.ks.gov/wc/html/wcedinews_DBR.html
KWC Staff Phone & E-Mail	Business and Technical Contacts: E-mail: david.sprick@dol.ks.gov or alan.stanton@dol.ks.gov Phone: 785.296.4120 Fax: 785.296.0839
KWC EDI Coordinator Contact Information	E-mail: ks_edi@claimsharbor.com Phone: 256.704.2021 Fax: 413.845.8238
KWC Contact Information for Business/Law/Regulations Issues and Questions	Division of Workers Compensation Attn: David Sprick 800 SW Jackson Suite 600 Topeka, KS 66612-1227 E-mail: david.sprick@dol.ks.gov Phone: 785.296.4120 Fax: 785.296.0839
IAIABC Web Address & Phone Number	Web Site: www.iaiabc.org Phone: 608.277.1479 (Madison, WI)
Frequently Asked Questions	Web site: http://www.dol.ks.gov/wc/html/wcedifaqs_DBR.html
SIC Codes	U.S. Department of Labor Occupational Safety & Health Administration Standard Industrial Classification (SIC) System Search http://www.osha.gov/oshstats/sicser.html
NAICS Codes	U.S. Department of Commerce U.S. Census Bureau North American Industry Classification System (NAICS) http://www.census.gov/epcd/www/naics.html

Steps to Implement EDI

Kansas EDI Requirements

The objectives of this section are:

1. To convey the KDWC EDI Reporting requirements as clearly as possible.

2. To prepare you to assess your organization's capabilities and determine the best way for your organization to meet KDWC requirements.

Existing and EDI Reporting Process Comparison

```
      Employer                                    Employer
         |                                           |
    1101 A                                    1101 A paper
         |                                           |
  Insurer /         1101 A      TPA        Insurer /    1101 A paper    TPA
  Group     ------------------>            Group    ------------------>
  Fund                                     Fund
    |        1101 A    1101 A    |           |    FROI    FROI    |
    |          \         /       |           |    SROI    SROI    |
    |           Kansas          |           |  IAIABC   Kansas  IAIABC
    |          /       \        |           |   CCS            CCS
   CCS  ------>         <------ CCS         CCS ------>        <------ CCS
              |                                    |  1101 A paper
  Claimant ----                             Claimant ----
```

KS Current Reporting Requirements

KS Voluntary EDI Reporting Requirements
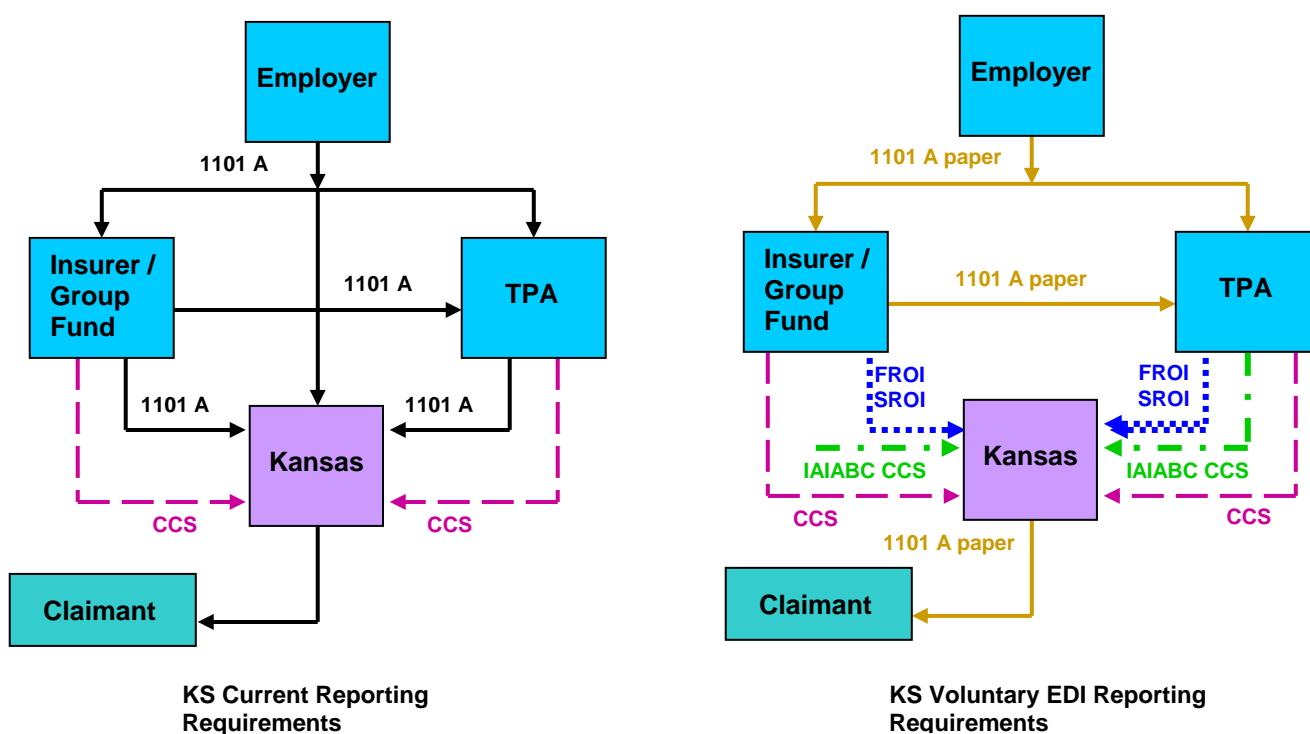
KS Existing and EDI Reporting Comparison

Kansas DWC Report Legend
——— K-WC 1101 A Employer's Report of Injury
– – – Kansas Closed Claim Study (Insurer Only)
••••••• IAIABC EDI Reports: Submitted by the Claim Administrator (either the Insurer or TPA)
–·–·– IAIABC reports replacing the CCS Report
——— IAIABC Paper Files: First Report
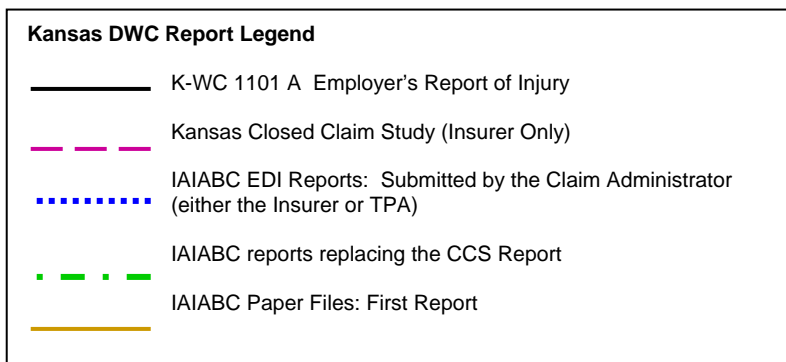
Specific differences between the EDI and the current Kansas Reporting Process

This section summarizes the more significant changes so that you may better understand the transitional process.

Format: Changes from Kansas paper K-WC-1101A Employers Report of Injury and Closed Claim Study proprietary flat file format to national standard electronic formats and acceptance of the IAIABC paper First Report of Injury as a file copy or provided to other authorized parties.

Data Content: Is predominantly the same as existing KDWC requirements but expressed using IAIABC terminology and definitions to be consistent with national standards.

Methodology: Requirements are stated in specific terms that allow computer processing so that Kansas and its employers and administrators may replace their manual reporting process with an automated process.

Effective: EDI submissions of IAIABC FROI and SROI reports in Flat or ANSI formats beginning November 2003.

EDI Participant Specific Changes in Reporting

Current: Kansas employers, or claim administrators on their behalf, are responsible under the law to submit the paper K-WC 1101-An Employers Report of Injury to the KDWC.

Employers may report the claim to the Insurer or TPA using the K-WC 1101-A, or proprietary approximation to their insurer or TPA.

Insurers and TPAs may report the K-WC 1101-A on behalf of the employer.

New: Insurers and TPAs will report claims on behalf of the Employer via the IAIABC electronic flat or ANSI formats to KDWC.

Differences: Insurer/TPA:

1. Stops reporting the K-WC 1101-A on behalf of the employer.

2. Begins reporting to KDWC using IAIABC FROI or SROI in flat or ANSI formats.

3. May provide a copy of the IAIABC First Report of Injury to the Employer using IAIABC flat, ANSI, or paper formats.

Current: Insurer may be included in the Closed Claim Study sample survey and report claim data using the proprietary CCS flat file record format.

New: Insurers included in the Closed Claim Study sample survey may use the equivalent IAIABC First Report of Injury and Annual reports.

Insurers may continue to report claim data using the proprietary CCS record.

Differences: Insurers included in the CCS survey sample may choose the reporting format to report claims for the Closed Claim Study.

Current: KDWC provides a copy of the K-WC 1101-A to the claimant upon written request.

New: KDWC may provide a copy of the K-WC 1101-A, or a copy of the IAIABC First Report of Injury to the claimant upon request.

Differences: KDWC may provide the claimant with either a copy of the K-WC 1101-A or IAIABC paper First Report of Injury or facsimile.

Reports and Data Requirements

The Kansas EDI reporting requirements were based on the IAIABC Release 1 Standards and developed to be consistent with the Kansas K-WC 1101-A Employers Report of Accident and Closed Claim Study reports. A crosswalk between each of these forms and the comparable IAIABC data requirements is provided. Management may use the crosswalks to assess the great similarity of scope and specific data requirements between the previous and EDI reporting requirements. Business and Technical staff will find that the crosswalks are very helpful in accessing potential office and system differences.

Kansas Reports to IAIABC Data Crosswalks

The Crosswalk between Kansas reports and IAIABC requirements are provided in a three-column table format. The left column references the data section of the Employers Report of Accident and the data sequence of the Closed Claim Study respectively. The middle column provides the name of the Kansas data element. The right column provides the IAIABC data equivalent or other pertinent information as follows.

Not all the pre-EDI Kansas Report data elements are included in the EDI Reports. These data elements will contain a note "Not available in Release 1" instead of an IAIABC DN# reference. In some situations, existing and new data requirements have similar intent and usage but are not direct equivalents. These data elements are labeled "Substitute" or "Sub" and may also contain a note concerning how that information is derived in the left column. The new requirements include three data elements that are not present on the pre-EDI Kansas Forms: DN 0005 Agency Claim Number, assigned by KDWC, DN0073 Claim Status (open/closed), and DN 0074 Claim Type (medical only/indemnity) to identify, match, and qualify a Claim and EDI reports respectively.

K-WC 1101-A Employers Report of Injury Crosswalk

	Kansas Division of Workers Compensation K-WC 1101-A to Release 1 Data Elements	
K-WC 1101-A Item Number	**K-WC 1101-A Field Name**	**IAIABC EDI Release 1 FROI (unless designated SROI) Data Element Number & Name**
Report Header	Employer's Report of Accident	DN02 Maintenance Type Code
Report Header	OSHA Case Number	Not Available in Release 1
Report Header	Date hired	DN61 Employee Date of Hire
1	Federal Employers ID Number	DN16 Employer FEIN
2	Name of Employer	DN18 Employer Name
	Employer Telephone Number	Not Available in Release 1
3	Mailing Address: Street	Not available in Release 1
		Not available in Release 1
	Mailing Address: City	Not available in Release 1
	Mailing Address: State	Not available in Release 1
	Mailing Address: Zip Code	Not available in Release 1
4	Location if Different from Mailing Address	DN19 Employer Address (Line 1)
		DN20 Employer Address (Line2)
		DN21 Employer City
		DN22 Employer State
		DN23 Employer Postal Code
5	Nature of Business: Narrative	Not Available in Release 1
	Nature of Business: SIC Code	DN25 Employer SIC Code **(See Note)**
	Nature of Business: Dept. or Division	Not Available in Release 1
6	Name of Employee: First	DN44 Employee First Name
	Name of Employee: Middle	DN45 Employee Middle Name/Initial
	Name of Employee: Last	DN43 Employee Last Name
	Age (of Employee)	Not Available in Release 1 Derived from 1101-A Employee Date of Birth below
	Sex (of Employee)	DN53 Employee Gender Code
7	Employee Home Address: Street	DN46 Employee Primary Address
	Employee Home Address: Street	DN47 Employee Secondary Address
	Employee Home Address: City	DN48 Employee City
	Employee Home Address: State	DN49 Employee State Code
	Employee Home Address: Zip Code	DN50 Employee Postal Code

K-WC 1101-A Item Number	K-WC 1101-A Field Name	IAIABC EDI Release 1 FROI (unless designated SROI) Data Element Number & Name
8	Employee Social Security Number	DN42 Employee SSN (FROI/SROI)
	Employee Birth Date	DN52 Employee Date of Birth
	Employee's Occupation	DN60 Occupation Description
	Employee's Home Phone Number	DN51 Employee Phone Number
9	Date of Injury or Occupational Disease	DN31 Date of Injury (FROI/SROI)
	Time of Injury	DN32 Time of Injury
	Date Disability Began	DN56 Date Disability Began (FROI/SROI)
	Gross Average Weekly Wage	DN62 Average Wage (FROI/SROI)
		DN63 Wage Period Code (FROI/SROI)
10	Place of Accident City	When Employer's Premises Code is "Y" equal to: DN21 Employer City
	Place of Accident County	Not Available in Release 1
	Place of Accident State	When Employer's Premises Code is "Y" equal to: DN22 Employer State
		Substitute: DN33 Postal Code of Injury Site
11	Was Accident on Employer's Premises?	DN34 Employer Premises Indicator
12	How did the Accident Occur?	DN38 Accident Description
13	What was the Employee Doing when Injured?	
14	Name Substance or Object that Directly Caused Injury?	DN37 Cause of Injury Code
15	Describe in detail Nature and Extent of Injury,	DN35 Nature of Injury Code
	Indicate Part of Body involved	DN36 Part of Body Injured Code
16	Was Worker Admitted to hospital?	DN39 Initial Treatment Code "04"
16	Treated by Emergency room only?	DN39 Initial Treatment Code "02" or "03"
16	Hospital Name & Address	Not Available in Release 1
17	Name and Address of Attending Physician or clinic	Not Available in Release 1
18	Has Employee Returned to Regular Duty (Y/N)?	Not Available in Release 1 FROI Substitute DN0071 RTW without restrictions "1" or "5" (FROI/SROI)
	Has Employee Returned to Light Duty (Y/N)?	Not Available in Release 1 FROI Substitute DN0071 RTW with restrictions "2" or "6" (SROI)
	Date if applicable	DN68 Initial Return to Work Date DN0072 Date of Return/Release to Work Date (SROI)

K-WC 1101-A Item Number	K-WC 1101-A Field Name	IAIABC EDI Release 1 FROI (unless designated SROI) Data Element Number & Name
19	Is Compensation now being paid (Y/N)?	Not Available in Release 1 FROI Substitute DN0002 MTC Initial Payment (SROI)
	Date first/initial Payment	Not Available in Release 1 FROI Available DN003 MTC Date IP (SROI)
20	Weekly Compensation Rate	Not Available in Release 1 FROI Substitute D0087 Payment/Adjustment Weekly Amount (SROI)
	Is further medical aid needed?	Not Available in Release 1 FROI Substitute: DN39 Initial Treatment "05"
21	Did Employee Die (Y/N)?	Not Available in Release 1 FROI Derived from Date of Death
	Date of Death	DN57 Employee Date of Death
22	Name and Address of Dependents (Death Cases only)	Not Available in Release 1 FROI Substitute: DN55 Number of Dependents (FROI/SROI)
23	Insurance Carrier	DN07 Insurer Name
	Third Party Administrator	DN09 Third Party Administrator Name
23	Insurance Carrier and Third Party Administrator Address: Street	DN10 Claim Administrator Address Line 1
	Insurance Carrier and Third Party Administrator Address: Street	DN11 Claim Administrator Address Line 2
	Insurance Carrier and Third Party Administrator Address: City	DN12 Claim Administrator City
	Insurance Carrier and Third Party Administrator Address: State	DN13 Claim Administrator State
	Insurance Carrier and Third Party Administrator Address: Postal Code	DN14 Claim Administrator Postal Code (FROI/SROI)
23	Policy Number	DN28 Policy/Contract Number
	Name of Agent	Not Available in Release 1
	Claim Number	DN15 Claim Administrator Claim Number (FROI/SROI)
	Name of Claim Representative	Not Available in Release 1
24	Date of Report	DN03 Maintenance Type Code Date (FROI/SROI)
	Completed by	Not Available in Release 1
	Title	Not Available in Release 1
Not on KS 1101-A		DN05 Agency Claim Number (FROI/SROI)
		DN74 Claim Type (SROI)

***Note:** KDWC accepts the SIC and 1997 & 2002 NAICS Codes*

Kansas Closed Claims Study Crosswalk

Kansas Division of Workers Compensation Claims Study Crosswalk (CCS) to Release 1 Data Elements		
Closed Claims Study Field Number	Closed Claims Study Field Name	IAIABC EDI Release 1 SROI (unless designated FROI) Data Element Number & Name
0	Filler (Carrier Name)	DN07 Insurer Name (FROI)
1	Carrier Code	Not Available in Release 1
2	Policy Number	DN28 Policy Number (FROI)
3	Policy Effective Date	DN29 Policy Effective Date (FROI)
4	Claim Number	DN15 Claim Administrator Claim Number (FROI/SROI)
5	Report Type	DN02 Maintenance Type Code (FROI/SROI)
6	Transaction Code	DN02 Maintenance Type Code (FROI/SROI)
7	State of Jurisdiction	DN04 Jurisdiction (FRO/SROII)
8	State of Accident	Not Available in Release 1 Approximated by Postal Code of Injury Site below
9	Date Reported to Insurer	Not Available in Release 1 Substitute DN41 Date Reported to Claim Administrator (FROI)
10	Employee SSN	DN42 Social Security Number (FROI/SROI)
11	Employer Federal Tax No.	DN16 Employer FEIN (FROI)
12	Employer SIC Code	DN25 Industry Code **(See Note)** (FROI)
13	Employer Payroll	Not Available in Release 1
14	Zip Code of Injury Site	DN33 Postal Code of Injury Site (FROI)
15	Employee Name-Last	DN43 Employee Last Name (FROI)
15	Employee Name- First	DN44 Employee First Name (FROI)
16	Sex of Injured Worker	DN53 Gender Code (FROI)
17	Marital Status	DN54 Marital Status Code (FROI)
18	Date of Birth	DN52 Employee Date of Birth (FROI)
19	Date of Hire	DN61 Date of Hire (FROI)
20	Filler	N/A
21	Employment Status	DN58 Employment Status Code (FROI)
22	Accident Date	DN31 Date of Injury (FROI/SROI)
23	Class Code	DN59 Class Code (FROI)
24	Part of Body	DN36 Part of Body Injured Code (FROI)
25	Nature of Injury	DN35 Nature of Injury Code (FROI)
26	Cause of Injury	DN37 Cause of Injury Code (FROI)
27	Loss Condition Code	Not Available in Release 1
28	Filler	N/A
29	Pre-Injury Weekly Wage	DN62 Wage (FROI/SROI)
		DN63 Wage Period (FROI/SROI)
30	Method of Determining Wage	Not Available in Release 1
31	Other Weekly Payments	Not Available in Release 1

Closed Claims Study Field Number	Closed Claims Study Field Name	IAIABC EDI Release 1 SROI (unless designated FROI) Data Element Number & Name
32	Date reported to Employer	DN40 Date Reported to Employer (FROI)
33	Surgery	Not Available in Release 1 Substitute DN39 Initial Treatment Code "4" or "5" (FROI)
34	Claim Status	DN73 Claim Status
35	Date of Closing	DN03 Maintenance Type Code Date (when MTC = FN)
36	Date of First Payment	DN03 Maintenance Type Code Date (when MTC = IP)
37	Date Disability Began	DN56 Date Disability Began (FROI/SROI)
38	Date of Return to Work	DN68 Date of Return to Work (FROI) DN72 Date of Return/Release to Work
39	Total Incurred Indemnity	Not Available in Release 1 Substitute: Total individual Indemnity Benefit Type Amounts
40	Injury Type	DN85 Payment/Adjustment Code
41	Benefits Paid to Date	DN86 Payment/Adjustment Paid to Date
42	Weekly Benefit	DN87 Payment/Adjustment Weekly Amount
43	Injury Type	DN85 Payment/Adjustment Code
44	Benefits Paid to Date	DN86 Payment/Adjustment Paid to Date
45	Weekly Benefit	DN87 Payment/Adjustment Weekly Amount
46	Injury Type	DN85 Payment/Adjustment Code
47	Benefits Paid to Date	DN86 Payment/Adjustment Paid to Date
48	Weekly Benefit	DN87 Payment/Adjustment Weekly Amount
49	Injury Type	DN85 Payment/Adjustment Code
50	Benefits Paid to Date	DN86 Payment/Adjustment Paid to Date
51	Weekly Benefit	DN87 Payment/Adjustment Weekly Amount
52	Injury Type	DN85 Payment/Adjustment Code
53	Benefits Paid to Date	DN86 Payment/Adjustment Paid to Date
54	Weekly Benefit	DN87 Payment/Adjustment Weekly Amount
55	Total Incurred Vocational Rehabilitation	Not Available in Release 1 Substitute: Total individual Vocational Rehabilitation Benefit Type Amounts
56	Vocational Rehabilitation Evaluation Expenses to Date	DN95 Paid to Date Code "380"
		DN96 Paid to Date Amount
57	Vocational Rehabilitation Maintenance Benefits to Date	DN85 Payment/Adjustment Code "410" & "541"
		DN86 Payment/Adjustment Paid to Date Amount
58	Vocational Rehabilitation Educational Expenses to Date	DN95 Paid to Date Code "390"
		DN96 Paid to Date Amount
59	Other Vocational Rehabilitation Expenses to Date	DN95 Paid to Date Code "400"
		DN96 Paid to Date Amount
60	Total Incurred Medical	Not Available in Release 1 Substitute: Total individual Medical Benefit Type Amounts
61	Hospital Costs Paid to Date	DN95 Paid to Date Code "360"
		DN96 Paid to Date Amount

Closed Claims Study Field Number	Closed Claims Study Field Name	IAIABC EDI Release 1 SROI (unless designated FROI) Data Element Number & Name
62	Total Payments to Physicians	DN95 Paid to Date Code "350"
		DN96 Paid to Date Amount
63	Other Medical Paid to Date	DN95 Paid to Date Code "370"
		DN96 Paid to Date Amount
64	Post-Injury Weekly Wage	Not Available in Release 1
65	Percentage of Impairment	DN84 Permanent Impairment Percentage
66	Date of Maximum Medical Improvement	DN70 Date of Maximum Medical Improvement
67	Funeral Expenses Paid to Date	DN95 Paid to Date Code "300"
		DN96 Paid to Date Amount
68	Lump Sum Settlement Amount	DN85 Payment/Adjustment Code "500 series codes"
		DN86 Payment/Adjustment Paid to Date
69	Filler	N/A
70	Attorney or Authorized Rep	DN76 Date of Representation
71	Converted Case	Not Available in Release 1
72	Deductible	Not Available in Release 1
73	Product Liability	Not Available in Release 1
74	Automobile Liability	Not Available in Release 1
75	Other Liability	Not Available in Release 1
76	Employer Legal Expenses Paid to Date	DN95 Paid to Date Code "330"
		DN96 Paid to Date Amount
77	Claimant Legal Expenses Paid to Date	DN95 Paid to Date Code "340"
		DN96 Paid to Date Amount
78	Expert Witness Fees Paid to Date	DN95 Paid to Date Code "420"
		DN96 Paid to Date Amount
79	Penalties Paid to Date	DN95 Paid to Date Code "310"
		DN96 Paid to Date Amount
80	Allocated Loss Adjustment Expenses Paid to Date	Not Available in Release 1
81	Social Security (Benefit Adjustment) Y/N	Not Available in Release 1 Substitute not requested
		DN92 Benefit Adjustment Code "R" or "S"
		DN93 Benefit Adjustment Weekly Amount
82	Unemployment (Benefit Adjustment) Y/N	Not Available in Release 1 Substitute **NOT** requested
		DN92 Benefit Adjustment Code
		DN93 Benefit Adjustment Weekly Amount
83	Pension Plan (Benefit Adjustment) Y/N	Not Available in Release 1 Substitute **NOT** requested
		DN92 Benefit Adjustment Code "E"
		DN93 Benefit Adjustment Weekly Amount
84	Special Fund (Recovery) Y/N	Not Available in Release 1 Substitute requested:
		DN95 Paid to Date Recoveries Code "800"
		DN96 Paid to Date Recoveries Amount

Closed Claims Study Field Number	Closed Claims Study Field Name	IAIABC EDI Release 1 SROI (unless designated FROI) Data Element Number & Name
85	Other (Recovery) Y/N	Not Available in Release 1 Substitute requested
		DN95 Paid to Date Recoveries Code "810/820/830/840"
		DN96 Paid to Date Recoveries Amount
86	Managed Care Original Indicator	Not Available in Release 1

Note: KDWC accepts the SIC and 1997 & 2002 NAICS Codes

Pre-EDI Kansas Reports

The K-WC 1101-A Employers Report of Accident and the Closed Claim Study reports have been modified to reference the corresponding IAIABC Standards' Data Number **(DN#).** Definitions for these elements can be found in the IAIABC E.D.I. Release 1 Implementation Guide. Refer to the K-WC 1101-A crosswalk to IAIABC data requirements for additional information.

DIVISION OF WORKERS COMPENSATION
KS DEPT OF HUMAN RESOURCES
800 SW JACKSON ST STE 600
TOPEKA KS 66612-1227

EMPLOYER'S REPORT OF ACCIDENT (DN02)

DO NOT WRITE IN THIS SPACE

Submit original report only

OSHA CASE OR FILE NUMBER   Date hired   **DN61**

There is a $250 penalty for failure to file Accident Reports within 28 days of the employer's receipt of knowledge of the accident.

READ INSTRUCTIONS BEFORE FILLING IT OUT.

1. Federal Employers Identification Number   **DN16**

2. Name of Employer   **DN17 or DN18**   Telephone Number

3. Mailing Address   **DN19, DN20, DN21, DN22 & DN23**

   Street   City   State   Zip Code

   AGE

4. Location, if different from mailing address   **DN19, DN20, DN21, DN22 & DN23**

   Street   City   State   Zip Code

   OD
   Y   N

5. Nature of Business   S.I.C. Code **DN25**   Dept. or Division

6. Name of Employee   **DN43, DN44, & DN45**   Age   Sex **DN53**

   First   Middle   Last

   CAUSE

7. Home Address   **DN46, DN47, DN48, DN49, & DN50**

   Street   City   State   Zip Code

8. Soc. Sec. #   **DN42**   Birth Date   **DN52**   Employee's Occupation   **DN60**   Home Phone Number   **DN51**

   NATURE

9. Date of Injury or Occupational Disease   **DN31**   Time of Injury   **DN32**   ☐ AM ☐ PM

   Date Disability Began   **DN56**   Gross Average Weekly Wage $ **DN62 & DN63**

10. Place of Accident or Last Exposure

    City   County   State

    SEVERITY

11. Was accident or last exposure on employer's premises ☐ YES   ☐ NO ◄── **DN34**

    0 - NO TIME LOST

12. How did accident occur?   **DN38**

    1 - TIME LOST

13. What was employee doing when injured?   **DN38**

    2 - MEDICAL

14. Name substance or object that directly caused injury   **DN37**

    3 - FATAL

15. Describe in detail nature and extent of injury, indicate part of body involved   **DN35 & DN36**

    SOURCE

16. Was worker admitted to hospital? ☐ YES ☐ NO ◄── **DN39**   Treated by emergency room only? ☐ YES ☐ NO

    Hospital name & address

17. Name and address of attending physician or clinic

    MEMBER

18. Has employee returned to regular duty? ☐ YES ☐ NO   Light Duty? ☐ YES ☐ NO   Date   **DN68**

19. Is compensation now being paid? ☐ YES ☐ NO   Date first/initial payment   **DN02 &DN03 when MTC is IP**

    DO NOT WRITE IN THIS SPACE

20. Weekly compensation rate $ Is further medical aid needed? ☐ YES ☐ NO ◄── **DN39**

21. Did employee die? ☐ YES ☐ NO   If so, give date of death   **DN57**   (File amended report within 28 days if death subsequently occurs.)

22. Name and address of dependents (death cases only)   **DN55**

23. Insurance Carrier and Third Party Administrator   **DN07 or DN09**

    Address   **DN10, DN11, DN12, DN13, & DN14**

    Street   City   State   Zip Code   Phone

    Policy Number   **DN28**   Name of Agent

    Claim Number   **DN15**   Name of Claim Representative

24. Date of Report   **DN03**   Completed by   Title

Questions or comments can be directed to the Kansas Division of Workers Compensation, Topeka, KS - Phone: 1-800-332-0353

Kansas Closed Claims Study Record Layout

0	1-58	Filler	58	Enter blanks.
1	59-63	Carrier Code	5	Mandatory. Select from Table 0--Carrier Code in the Data Dictionary Appendix.
2	64-81	Policy Number	18	Mandatory. Do not enter blanks, punctuation marks or special characters.
3	82-89	Policy Effective Date	8	Mandatory. Format YYYYMMDD. Do not enter blanks, hyphens or slashes.
4	90-107	Claim Number	18	Mandatory. Do not enter blanks, punctuation marks or special characters.
5	108	Report Type	1	Mandatory. Enter last digit of sample year from which claims are being collected, e.g. "1" for claims sampled from 2001.
6	109	Transaction Code	1	Mandatory.
				1. Detail.(Now referred to as Original Detail)
				2. Revised **(**NO LONGER REQUIRED**)**
				3. Correction.
7	110-111	State of Jurisdiction	2	Mandatory. Enter "15".
8	112-113	State of Accident	2	Mandatory. Select from Data Dictionary Appendix Table 2.
9	114-121	Date Reported to Insurer	8	Mandatory. Format YYYYMMDD. Do not enter blanks, hyphens, or slashes.
10	122-130	Employee SSN	9	Mandatory. Do not enter blanks, hyphens, or alpha characters.
No-Ref.-Number	131-132	Filler	2	Enter Blanks.
11	133-141	Employer Federal Tax No.	9	Mandatory. Do not enter blanks, hyphens, or alpha characters.
12	142-145	Employer SIC Code	4	Mandatory. Select from the Standard Industrial Classification Manual (1987).
13	146	Employer Payroll	1	Mandatory. 1=$0
				2=$1-$100,000
				3=$1000,001-$1,000,000
				4=$1,000,001-$10,000,000
				5=Over $10,000,000
14	147-151	Zip Code of Injury Site	5	Optional. If no entry, leave blank.
15	152-157	Employee Name-Last	6	Mandatory. First 6 characters of last name.
15	158	Employee Name- First	1	Mandatory. First character of first name.
16	159	Sex of Injured Worker	1	Mandatory. 1- Male
				2- Female
				3- Unknown
17	160	Marital Status	1	Mandatory. 1- Single, Divorced or Widowed
				2-Married
				3- Separated
				4- Unknown
18	161-168	Date of Birth	8	Mandatory. Format YYYYMMDD.
19	169-176	Date of Hire	8	Mandatory. Format YYYYMMDD.
20	177-178	Filler	2	Enter blanks.
21	179	Employment Status	1	Optional. If no entry, leave blank.
				1-Regular Employee
				2-Part-Time Employee
				3-Unemployed
				4-On Strike

				5-Disabled
				6-Retired
				7-Other
				8-Seasonal Worker
				9-Volunteer Worker
				A-Apprenticeship- Full Time
				B-Apprenticeship- Part Time
				C-Piece Worker
22	180-187	Accident Date	8	Mandatory. Format YYYYMMDD. Do not enter blanks, hyphens, or slashes.
23	188-191	Class Code	4	Optional. Refer to the "Basic Manual for Workers Compensation and Employers Liability Insurance" for code. If no entry, leave blank.
24	192-193	Part of Body	2	Mandatory. Select from Data Dictionary Appendix Table 7.
25	194-195	Nature of Injury	2	Mandatory. Select from Data Dictionary Appendix Table 8.
26	196-197	Cause of Injury	2	Mandatory. Select from Data Dictionary Appendix Table 9.
27	198-207	Loss Condition Code	10	Mandatory. Enter "01" as the first 2 characters. The remaining 8 characters are not required-see Data Dictionary for instructions. Left justify-blank filled.
28	208-209	Filler	2	Enter blanks.
29	210-214	Pre-Injury Weekly Wage	5	Mandatory. Enter whole dollar amount. Do not enter "$" or decimal point. Right justify-zero filled.
30	215	Method of Determining Wage	1	Mandatory. 1-Actual
				2-Estimated
				3-Min. Weekly Ben.
				4-Max Weekly Ben.
31	216-220	Other Weekly Payments	5	Conditional. Enter whole dollar amount. Do not enter "$" or decimal point. If there are no other weekly payments enter "00000". Right justify-zero filled.
32	221-228	Date reported to Employer	8	Mandatory. Format YYYYMMDD. Do not enter blanks, hyphens, or slashes.
33	229	Surgery	1	Mandatory. 1-Yes
				2-No
34	230	Claim Status	1	Mandatory. 0-Open
				1-Closed
				2-Reopened
35	231-238	Date of Closing	8	Conditional. If Field #34 Claim Status =1 enter date of closing, else leave blank. Format YYYYMMDD. Do not enter hyphens or slashes.
36	239-246	Date of First Payment	8	Conditional. If no entry, leave blank. Format YYYYMMDD. Do not enter hyphens or slashes.
37	247-254	Date Disability Began	8	Conditional. If no entry, leave blank. Format YYYYMMDD. Do not enter hyphens or slashes.
38	255-262	Date of Return to Work	8	Conditional. If no entry, leave blank. Format YYYYMMDD. Do not enter hyphens or slashes.
39	263-270	Total Incurred Indemnity	8	Mandatory. Enter whole dollar amount. Do not enter "$" or decimal point. Right justify-zero filled.

40	271-272	Injury Type	2	Mandatory. Select from Data Dictionary Appendix Table 12B.
41	273-279	Benefits Paid to Date	7	Conditional. If no entry, enter "0000000". Right justify-zero filled.
42	280-284	Weekly Benefit	5	Conditional. If no entry, enter "00000". Right justify-zero filled.
43	285-286	Injury Type	2	Conditional. If no entry, enter blanks.
44	287-293	Benefits Paid to Date	7	Conditional. If no entry, enter "0000000". Right justify-zero filled.
45	294-298	Weekly Benefit	5	Conditional. If no entry, enter "00000". Right justify-zero filled.
46	299-300	Injury Type	2	Conditional. If no entry, enter blanks.
47	301-307	Benefits Paid to Date	7	Conditional. If no entry, enter "0000000". Right justify-zero filled.
48	308-312	Weekly Benefit	5	Conditional. If no entry, enter "00000". Right justify-zero filled.
49	313-314	Injury Type	2	Conditional. If no entry, enter blanks.
50	315-321	Benefits Paid to Date	7	Conditional. If no entry, enter "0000000". Right justify-zero filled.
51	322-326	Weekly Benefit	5	Conditional. If no entry, enter "00000". Right justify-zero filled.
52	327-328	Injury Type	2	Conditional. If no entry, enter blanks.
53	329-335	Benefits Paid to Date	7	Conditional. If no entry, enter "0000000". Right justify-zero filled.
54	336-340	Weekly Benefit	5	Conditional. If no entry, enter "00000". Right justify-zero filled.
55	341-348	Total Incurred Vocational Rehabilitation	8	Conditional. Enter whole dollar amount. Do not enter"$" or decimal point. If there are no paid or reserve Vocational Rehabilitation expenses enter "0000000". Right justify-zero filled.
56	349-355	Vocational Rehabilitation Evaluation Expenses to Date	7	Conditional. Enter whole dollar amount. Do not enter "$" or decimal point. If there are no Evaluation expenses paid to date enter "000000". Right justify-zero filled.
57	356-362	Vocational Rehabilitation Maintenance Benefits to Date	7	Conditional. Enter whole dollar amount. Do not enter "$" or decimal point. If there are no Maintenance Benefits paid to date enter "000000". Right justify-zero filled.
58	363-369	Vocational Rehabilitation Educational Expenses to Date	7	Conditional. Enter whole dollar amount. Do not enter "$" or decimal point. If there are no Educational expenses paid to date enter "000000". Right justify-zero filled.
59	370-376	Other Vocational Rehabilitation Expenses to Date	7	Conditional. Enter whole dollar amount. Do not enter "$" or decimal point. If there are no other expenses paid to date enter "000000". Right justify-zero filled.
60	377-384	Total Incurred Medical	8	Mandatory. Enter whole dollar amount. Do not enter "$" or decimal point.
61	385-391	Hospital Costs Paid to Date	7	Conditional. Enter whole dollar amount. Do not enter "$" or decimal point. If there are no hospital expenses paid to date enter "000000". Right justify-zero filled.
62	392-398	Total Payments to Physicians	7	Conditional. Enter whole dollar amount. Do not enter "$" or decimal point. If there are no physicians expenses paid to date enter "000000". Right justify-zero filled.

63	399-405	Other Medical Paid to Date	7	Conditional. Enter whole dollar amount. Do not enter "$" or decimal point. If there are no other expenses paid to date enter "000000". Right justify-zero filled.
64	406-410	Post-Injury Weekly Wage	5	Conditional. Enter whole dollar amount. Do not enter "$" or decimal point. If there is no post-injury weekly wage, enter "000000". Right justify-zero filled.
65	411-413	Percentage of Impairment	3	Conditional. Entry required if any Injury Type (Fields 40,43,46,49, or 52): is equal to 02, 03 or 04 or Field #34 claim status=1. Do not enter decimal point. Else "000". Right justify-zero filled.
66	414-421	Date of Maximum Medical Improvement	8	Conditional. If no entry enter blanks. Format YYYYMMDD.
67	422-427	Funeral Expenses Paid to Date	6	Conditional. Entry required if Injury Type (Fields 40,43,46,49, or 52) is equal to 01. Do not enter "$" or decimal point. If there are no funeral expenses paid to date enter "000000". Right justify-zero filled.
68	428-435	Lump Sum Settlement Amount	8	Conditional. If no entry enter "0000000". Right justify-zero filled.
69	436-443	Filler	8	Enter blanks.
70	444	Attorney or Authorized Rep	1	Mandatory. 1=Yes
				2=No.
71	445	Controverted Case	1	Mandatory. 1=Yes
				2=No.
72	446	Deductible	1	Mandatory.
				0=No Deductible,
				1=Deductible amount fully recovered for net reporting.
				2=Deductible amount NOT fully recovered for net reporting.
73	447-453	Product Liability	7	Conditional. If no entry enter "0000000". Right justify-zero filled.
74	454-460	Automobile Liability	7	Conditional. If no entry enter "0000000". Right justify-zero filled.
75	461-467	Other Liability	7	Conditional. If no entry enter "0000000". Right justify-zero filled.
76	468-474	Employer Legal Expenses Paid to Date	7	Conditional. If no entry enter "0000000". Right justify-zero filled.
77	475-481	Claimant Legal Expenses Paid to Date	7	Conditional. If no entry enter "0000000". Right justify-zero filled.
78	482-487	Expert Witness Fees Paid to Date	6	Conditional. If no entry enter "0000000". Right justify-zero filled.
79	488-493	Penalties Paid to Date	6	Conditional. If no entry enter "0000000". Right justify-zero filled.
80	494-501	Allocated Loss Adjustment Expenses Paid to Date	8	Conditional. If no entry enter "0000000". Right justify-zero filled.
81	502	Social Security	1	Mandatory. 1=Yes 2=No
82	503	Unemployment	1	Mandatory. 1=Yes 2=No
83	504	Pension Plan	1	Mandatory. 1=Yes 2=No
84	505	Special	1	Mandatory. 1=Yes 2=No
85	506	Other	1	Mandatory. 1=Yes 2=No
86	507-508	Managed Care Organization Indicator	2	Mandatory. Select from codes listed under Data Dictionary Field #86.

EDI Reports and Claim Events

The industry standards for State Reporting were developed by considering how state oversight and compliance requirements are accomplished in the claim administrator claim handling processes. As such, the IAIABC EDI standards relate state EDI Reporting requirements to claim processing events. Each report or transaction is named for the claim event it represents: Initial Payment, Denial, Suspensions, Partial Suspensions, Reinstatements, Acquired Claim, etc. Each report is also assigned a Maintenance Type Code (MTC) to meet the technical processing requirements. Report names and MTC code are used interchangeably throughout this guide. Release 1 provides for approximately forty claim administration events (MTCs). Kansas State Reporting uses all six of the available First Report (FROI) MTCs and only ten of the available Subsequent Report (SROI) MTCs, listed below.

First Reports:

Original First Report of Injury (00),

Denial (04)

Acquired Unallocated (AU)

Cancel (01)

Change (02)

Correction (CO)

Subsequent Reports:

Initial Payment (IP) or Equivalents:

*   Acquired Payment (AP).

*   Full Salary (FS)

*   Compensable Death (CD)

*   Denial (04)

Final (FN)

Annual (AN)

Change (02)

Correction (CO)

Upon Request (UR)

A typical Kansas indemnity claim will usually only require the three bolded reports above plus "Correction" reports for reports submitted with errors and "Change" reports when specified claim information changes. The remaining reports use the same FROI and SROI records and contain comparable data requirements. These reports are submitted when Kansas requires that a different claim event is to be reported.

For example:

*   When a claim is acquired, it is submitted using an "Acquired Unallocated" (AU) report instead of an "Original" FROI (00). Identifying the claim as an acquired claim allows Kansas to relax the data requirements.

*   When a claimant has died and the initial payment can not be made because a dependent has not been identified, it is submitted as a "Compensable Death" (CD) report. An "Initial Payment" (IP) is submitted when benefits are paid to a dependent or the state.

Claim Event Narratives

The Kansas Claim Event Narrative Tables provide claim management with a quick synopsis of each of the Kansas reportable claim events. They identify what dictates when a claim event is reportable and when that report is due. Separate tables are provided for FROI and SROI reports. Each Row represents a type of report (MTC). Each report is presented in a four column format table format containing from left to right: Claim Event MTC, Claim Event Name, Event Report Action, and When the Event is due.

KANSAS DIVISION OF WORKERS COMPENSATION
EDI CLAIM EVENT NARRATIVE
IAIABC Release I First and Subsequent Reports

REPORT TYPE	MTC	MTC DESCRIPTION	EVENT	TIME REPORT IS DUE
148	00	Original	The original/initial first report is being reported. This includes replacement of a first report that was rejected due to a critical error.	Within 28 days of knowledge of work related injury or illness "sufficient wholly or partially to incapacitate the person injured from labor or service for more than the remainder of the day, shift or turn on which such injuries were sustained" (K.S.A. 44-557)
	00	Original (CCS Alternative) (Legacy Claim Rpt.)	An EDI First Report filed by First Year CCS study participants in lieu of the CCS original or detail report.	Within 5 days of May 25 of the first year reporting CCS using the IAIABC First Report (00) for CCS Study designated claims.
	04	Denial	The denial of an entire claim is being reported. Please note: A denial may be the first report.	Within 5 days from the time the claims administrator determines that the claim is to be denied.
	AU	Acquired/ Unallocated	The acquisition of a claim from the prior claims administrator is being reported.	Within 21 days from the time the claims administrator becomes aware of the need to notify KDWC that a claim has been acquired.
	01	Cancel	The first report, sent in error, is being cancelled.	Within 5 days from the time the claims administrator becomes aware of the need to retract a previously submitted original report of injury/illness.
	02	Change	A change to previously submitted match data, report data, or to meet Original reporting requirements prior to submission of the FN or AN, is being reported.	Within 5 days from the time the claims administrator becomes aware that previously reported first report data has changed.
	CO	Correction	A correction in response to an acknowledgement of non-critical errors is being reported.	Within 5 days from the time the claims administrator notified by KDWC of error.
REPORT TYPE	MTC	MTC DESCRIPTION	EVENT	TIME REPORT IS DUE
A49	IP	Initial Payment	The first payment of indemnity benefits by the claims administrator is being reported.	Within 5 days following the initial payment of indemnity benefits.
	04	Denial	The denial of an entire claim is being reported.	Within 5 days of determination by claims administrator that the claim will be denied.
	AP	Acquired Payment	The first payment of indemnity benefits by the new acquiring claims administrator is being reported.	Within 5 days following the initial payment of indemnity benefits.
	FS	Full Salary	The first payment of the injured worker's salary in lieu of compensation by the employer is being reported.	Within 5 days following the initial payment of the injured worker's salary in lieu of compensation.
	CD	Compensable Death	The obligation to pay benefits for an injured worker who died as a result of a covered injury, pending beneficiary investigation is being reported.	Within 5 days of the claim administrator's knowledge of death of injured worker.
	FN	Final	A claim was closed and is being reported.	Within 5 days following the close of any claim. Note: A Medical Only Claim that has not been reported as a SROI will not require a Final to be filed.
	AN	Annual (CCS Alternative)	An annual report filed by First Year OCC study participants in lieu of the CCS report.	Within 10 days of June 1 of the first year reporting CCS using the IAIABC Annual Report (AN) for CCS Study designated claims.
	AN	Annual (Medical Only)	An annual report.	Within 10 days of the designated June 1 date to report all Medical Claims closed the previous year.
	AN	Annual (Indemnity)	An annual report.	Within 10 days of the designated June 1 date to report all Indemnity Claims closed the previous year with payments or recoveries made after closing.
	02	Change	A change to previously submitted subsequent report data is being reported.	Within 5 days from the time the claims administrator becomes aware that previously reported subsequent report data has changed.
	CO	Correction	A correction in response to an acknowledgement of non-critical errors is being reported.	Within 5 days from the time the claims administrator notified by KDWC of error.
	UR	Upon Request	A specific request for claim information is being reported. (Often used to recover from technical or business problems affecting reporting)	To be determined upon mutual agreement between trading partners.

Claim Event Tables

The Kansas Claim Event Tables provide the specific business details required of each of the Event Narratives to assist in planning, managing, or to automate your EDI reporting process. A separate table is provided for FROI and SROI reports. Each Row represents a single type of report. Each report MTC is presented in a thirteen-column table format beginning with Claim Event MTC, Claim Event Name and includes information such as report triggers for the "Initial Payment", "Final", and "Annual" reports.

Please see the IAIBC Release 1 Guide describing how to read and use this table.

KANSAS DIVISION OF WORKERS COMPENSATION
EDI CLAIM EVENT TABLE
IAIABC Release I First and Subsequent Reports

REPORT TYPE	MTC	MTC DESCRIPTION	PRODUCTION LEVEL INDICATOR	IMPLEMENTATION DATE FROM	THRU	REPORT TRIGGER CRITERIA	REPORT TRIGGER VALUE	Condition Periodic Qual.	REPORT LIMIT #	REPORT REQUIREMENT CRITERIA	EFFECTIVE DATE FROM	THRU	REPORT DUE CRITERIA	VALUE
148	00	Original	Production	1/1/2004		A = New Claim (See Event Narrative)	N/A			A = Date of Injury			C = Days from Employer Notification.	28 days
	00	Original (First Year OCC study participants only)	Production	1/1/2004		F=Formula Random Claim Selection Claim Type = Claim Status = Year Closed =	Indemnity Closed Previous Year			I = Calendar Date May 25, current year			± = Days from Required Calendar Date	5 days
	04	Denial	Production	1/1/2004		O = Maintenance Type Event	N/A						J = Days from Report Trigger	5 days
	AU	Acquired/Unallocated	Production	1/1/2004		O = Maintenance Type Event	N/A						J = Days from Report Trigger	21 days
	01	Cancel	Production	1/1/2004		O = Maintenance Type Event	N/A			* Date realized Original sent in error			J = Days from Report Trigger	5 days
	02	Change	Production	1/1/2004		O = Maintenance Type Event	* Change of Match Data * Change of previously reported data * Meet "00" Reqmnts. prior to FN/AN						J = Days from Report Trigger	5 days
	CO	Correction	Production	1/1/2004		O = Maintenance Type Event	N/A			* = Date "TE" Acknowledgement received			J = Days from Report Trigger	5 days
A49	IP	Initial Payment	Production	1/1/2004		O = Maintenance Type Event	L=Cumulative Indemnity > $0.00			Required Timely * Recommended: 7 to 14 days after Waiting Period, or if applicable after acquiring claim.			G = Days from Initial Payment	5 days
	FS	Full Salary	Production	1/1/2004		O = Maintenance Type Event	N/A						J = Days from Report Trigger	5 days
	CD	Compensable Death - No Dependents/Payee	Production	1/1/2004		O= Maintenance Type Event							J = Days from Report Trigger	5 days
	AP	Acquired Payment (IP by new Claim Admin.)	Production	1/1/2004		O = Maintenance Type Event	L=Cumulative Indemnity > $0.00 (By new Claim Admin.)						* = Days from Acquired Payment	5 days
	04	Denial	Production	1/1/2004		O = Maintenance Type Event	N/A						J = Days from Report Trigger	5 days
	FN	Final	Production	1/1/2004		O = Maintenance Type Event	N/A			* = Date Claim Status became Closed			J = Days from Report Trigger	5 days
	AN	Annual (First Year OCC study participants only)	Production	1/1/2004		F=Formula Random Claim Selection Claim Type = Claim Status = Year Closed =	(I) or (L) Indemnity (C) or (X) Closed Previous Year (2003)			I = Calendar Date June 1, current year			± = Days from Required Calendar Date	10 days
	AN	Annual (Medical Only)	Production	1/1/2005		F=Formula Claim Type = Claim Status = Year Closed =	(M) or (B) Med Only (C) or (X) Closed Previous Year		1	I = Calendar Date June 1, current year			± = Days from Required Calendar Date	10 days
	AN	Annual (Indemnity)	Production	1/1/2005		F=Formula Claim Type = Claim Status = Year Closed =	(I) or (L) Indemnity (C) or (X) Closed Previous Year	Payments or recoveries made after closing.	1	I = Calendar Date June 1, current year			± = Days from Required Calendar Date	10 days
	UR	Upon Request	TBD	TBD						TBD			TBD	TBD
	02	Change	Production	1/1/2004		O = Maintenance Type Event	N/A						J = Days from Report Trigger	5 days
-	CO	Correction	Production	1/1/2004		O = Maintenance Type Event	N/A						J = Days from Report Trigger	5 days

Transaction Sequence Requirements

Typical EDI Report Sequencing

```
┌──────────────┐                                                      ┌──────────────┐
│    Sender    │ ──────────────────────────────────────────────────▶ │    Kansas    │
└──────────────┘                        SROI Reports                  └──────────────┘
```

FROI Report

```
            ┌────────────────┐    Medical Only                    [B]  ┌────────────────┐
[A]         │ First Report (00)│ ──────────────────────────────────▶   │   Annual (AN)  │
            └────────────────┘                                    [E]  └────────────────┘
                         │   [C]  ┌──────────────────┐   [D]  ┌──────────────┐
                         └──────▶ │ Initial Payment (IP)│ ──▶ │  Final (FN)  │ ┄┄▶
                    Indemnity     └──────────────────┘        └──────────────┘
```
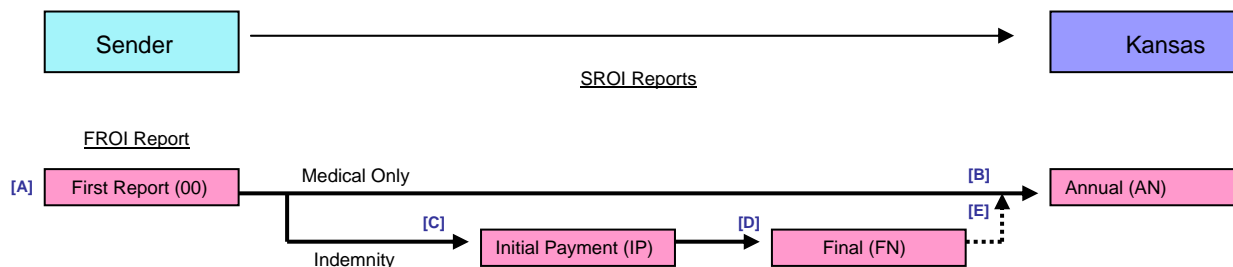
Typical EDI Reporting

The reporting sequence above will apply to most Kansas claims, is very simple, and is the basic sequence that applies to claims that require other reports and sequence considerations.

The typical Kansas EDI report sequence is as follows:

- [A] An "Original First Report" (00) is submitted.

- [B] If the claim remains Medical Only, submit an "Annual Report" (AN), June 1 of the following year.

- [C] If the Claim is an indemnity claim, submit an "Initial Payment Report" (IP) (timely).

- [D] When the Indemnity claim closes submit a "Final Report" (FN).

- [E] If recoveries or other payments are posted to the claim after a FN has been submitted to the state, submit an "Annual Report" (AN), June 1, of the following year.

Alternate EDI Report Sequencing

FROI & SROI (IP) Equivalent Reports
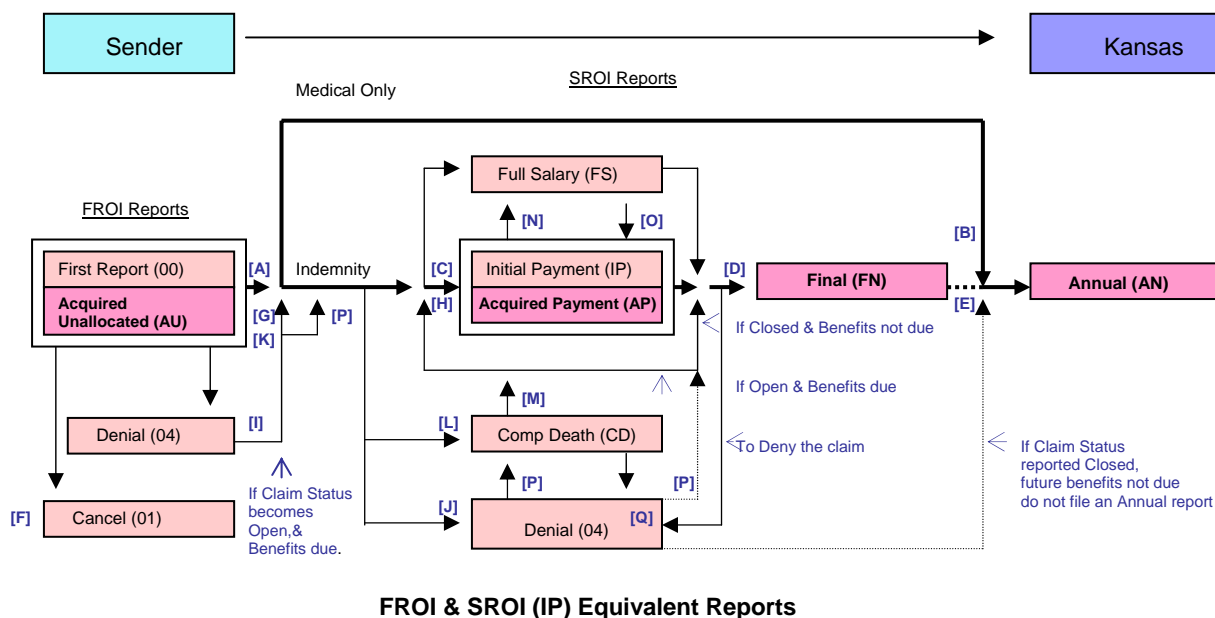
Some Kansas claims will require you to submit other reports and possibly in a different sequence.

This will be required when claim events occur in a different sequence. **Your claim handling knowledge is all that you will need to know to submit the correct report in the correct sequence for each claim.** The Kansas Report Simplified Report Selection Guide follows the report sequencing sections. It relates claim events to the corresponding IAIABC Report (MTC). The remainder of this section will describe the other reports and the sequence in which they occur and are reported.

FROI Equivalent Reports:

[F]   On occasion a claim is reported in error. The claim was filed in the wrong jurisdiction, or the event was not reportable. When either occurs before benefits are paid then submit a "Cancel Report" to terminate reporting on that claim. If benefits are paid before the incorrect jurisdiction is discovered, transfer the claim to the correct jurisdiction. Then change the Claim Type to "Transfer" and submit a "Change Report" (02) [T] described in the following sequence section. For other situations, deny and close the claim.

[G]   An alternate report sequence is required when a claim is acquired by another claim administrator. Please note that this is identical to the "Typical EDI Report Sequence", except that the acquiring claim administrator submits an Acquired Unallocated Report (AU) in place of the "Original" First Report (00), and if acquiring claim administrator pays benefits, the "Acquired Payment" (AP) [H] in place of the Initial Payment Report" (IP). Many of these claims will then follow the typical EDI report sequence for medical only or Indemnity claims. The alternate reports are the same as the "First Report" and "Initial Payment", respectively except that some data requirements have been relaxed in recognition that some information may not be readily available. The (AU) and (AP) report designations allow for different data requirements and edits and processing of report data appropriate to an acquired claim to be applied. The acquiring claim administrator will submit the missing data later using the FROI "Change Report" (02) [T].

One of the most common deviations from the typical report sequencing occurs when a claim is denied.

[I]   If a Kansas claim is denied at the outset, submit the "Denial Report" in place of the "First Report."

[I]   If a "First Report" has been submitted, and a medical only claim is subsequently denied, submit a FROI "Denial" (04).

[J]   If a "First Report" has been submitted, and an indemnity claim is subsequently denied, submit a SROI "Denial" (04).

[K]   If a denial is overturned, it is processed according to medical only or Indemnity sequencing requirements that apply.

<u>SROI (IP) Equivalent Reports:</u>

Reporting the initial payment, start of benefits on indemnity claims, is a common state requirement. It often identifies who is making the payment, or why payments are not being made at the designated time. The IAIABC Initial Payment equivalent reports include:

<u>Compensable Death</u> (CD)   (The notice that surviving dependents have not been identified at this time)

<u>Initial Payment</u> (IP)   (The claim administrator has made the first indemnity benefit payment on a claim.)

<u>Full Salary</u> (FS)   (The employer is continuing to pay wages in lieu of benefit payments)

<u>Acquired Payment</u> (AP)   (The acquiring claim administrator has made the first indemnity benefit payment on a claim.)

<u>Denial</u> (04)   (The declaration that a claim is not valid)

The deviation to the typical EDI reporting sequence is twofold:

1,   Submit the IP equivalent report: IP, CD, FS, AP. or 04 appropriate to the claim.

2.   Then submit additional IP equivalent reports as claim events dictate.

[L]   If a surviving dependent cannot be located by the time an indemnity benefit payment is due, submit the "Compensable Death Report" (CD).

[M]   If benefits are paid to a surviving dependent or to the state then submit the "Initial Payment," (IP) or Acquired Payment" (AP) report as appropriate.

[N]   If the payment of claim benefits was initially by the claim administrator and has been assumed by the employer, submit the "Full Salary Report (FS)."

[O]   If the payment of claim benefits was initially by the employer and has been assumed by the claim administrator, submit an "Initial Payment Report (IP)."

[H]   If the claim was acquired by another claim administrator, refer to the FROI Equivalent section above and submit the "Acquired Unallocated Report" (AU) [G]. If benefits are paid submit the "Acquired Payment Report" (AP).

[B]   If a FROI Original "00" identifying the claim as medical only and closed, submit "Annual Report" (AN) June, 1 of the following year.

[E]   If a claim reported with a FROI "Denial" or a SROI "Denial" identifying the claim as indemnity remains closed, no benefits due or paid, then do **not** submit an "Annual Report" June 1 the following year.

[P]   If a SROI Denial identifying the claim as indemnity is deemed that benefits are due, then submit the appropriate initial Payment equivalent report.

[Q]   If a claim is denied after indemnity benefits commenced, submit the "Denial Report" (04). If benefits resume, submit the "Full Salary" (FS) or "Initial Payment" (IP) reports only if they have not been previously reported.

[D]   Any claim that required submission of an "Initial Payment", "Acquired Payment," "Full Salary," or "Compensable Death Report' (CD) will require that a "Final Report" (FN) is submitted when the claim closes.

[R]   If recoveries are made or additional payments recorded after the "Final Report" (FN), and the claim remains closed, an "Annual Report" (AN) is submitted June 1 the following year.

The alternate EDI reporting sequence is simple. Administer the claim as you normally would and submit the corresponding Kansas EDI Report.

Acknowledgement, Correction, & Change Report Sequencing
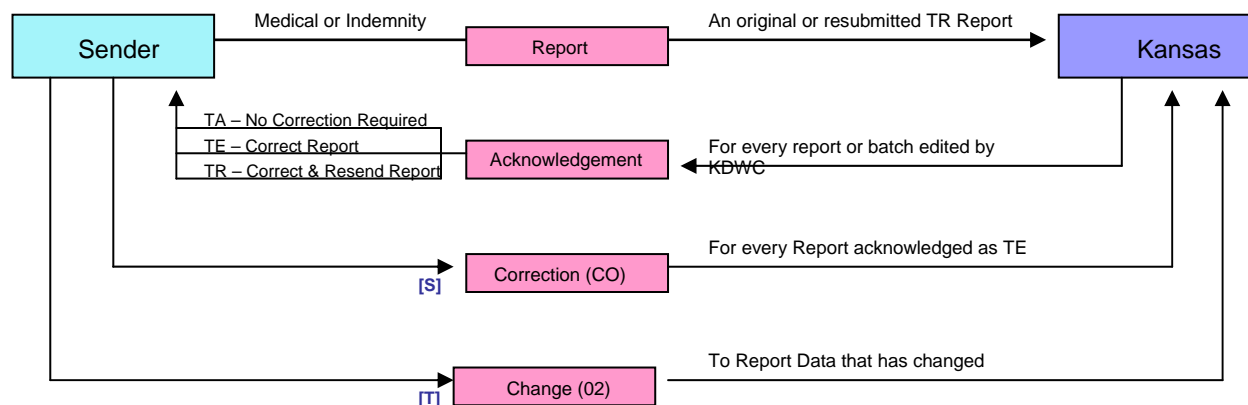
Acknowledgement, Change & Corrections

Electronic Data Interchange is essentially re-engineering existing business process to replace labor intensive processes with faster automated processes. To achieve this objective, the EDI reporting process includes acknowledging receipt of the report and its editing status, plus the submission of corrections and changes.

IAIABC EDI requirements

When a claim administrator sends an EDI report to Kansas, Kansas applies report sequence, data present, and data quality edits to determine if the report is acceptable or if it contains errors that require correction. Kansas will send the claim administrator an acknowledgement that will identify the report as:

(TA) Transaction Accepted – no errors noted

(TE) Transaction Accepted - with errors to be corrected

(TR) Transaction Rejected – report not accepted

* A report acknowledged as (TA) transaction accepted without errors requires no further action by the sender.

[S] A report acknowledged as (TE) transaction accepted with errors will require that the report is resubmitted as a "Correction Report" (CO) until it is acknowledged as (TA).

* A report acknowledged as (TR) should be evaluated and corrected and resubmitted if appropriate. A (TR) may indicate that the report was a duplicate or reported out of sequence, did not match a previously submitted claim, critical data was missing, or other serious edit(s) failed. The section on edits provides specific information on all edits applied by Kansas.

[T] Kansas also requires that a FROI or SROI "Change Report" (02) is submitted when specified report data such as claim identifiers, Claim Administrator Claim Number, or Employee Social Security Number, have changed. A "Change Report" (02) is also required when reports such as an "Acquired Unallocated" or "Denial Report" have been submitted. These reports have reduced data and edit requirements because it may be difficult for a claim administrator to provide the data required of an "Original First Report" (00) at that time. The "Change Report" (02) will include the same requirements of the "Original First Report" (00) and must be submitted prior to closing.

CCS Reporting using IAIABC Standards Report Sequencing

| Sender | ───────────────────────► | Kansas |

| First Report (00) | ──── Indemnity ────────────────────────► | **Annual (AN)** |

CCS Reporting Using IAIABC Standards Report Sequencing

The Kansas EDI reporting described in the preceding report sequence sections will replace the Kansas Closed Claim Study as designated CCS survey sample claim administrators migrate to EDI reporting. The first year a CCS survey sample claim administrator participates in the EDI program will require an additional reporting requirement. Claim Administrators who are included in the annual Closed Claim Study may suspend reporting of the CCS Report, if the following conditions are met:

1. They are authorized to report using EDI requirements (Production Status).

2. They submit a number of EDI "First report of Injury" (00) and "Annual" (AN) Reports equal to the number of requested CCS claims.

3. The Final Reports submitted in place of the CCS claims were open for at least one day in the prior year, and closed in that year.

4. They have scheduled, and received confirmation from KDWC to send the required 00 & AN reports.

5. They implement EDI sufficiently in advance to accomplish the above before the CCS May report due date.

   - Please note: Once a claim administrator implements EDI and has meet their CCS reporting quota that year, it will not be necessary to submit CCS reports again if EDI reporting requirements are met.

The voluntary EDI reporting program is forward going. Subsequent reports, SROIs are only required of claims that were reported as "First Reports" in the EDI format. The first year an EDI participant who is also part of the CCS survey will be required to submit a "First Report" for each CCS claim required of them. This is done to create the claim in the new Kansas EDI data base and to acquire first report data elements that are not present in the IAIABC Annual report.

Please note that these reporting requirements **only apply the first year** a claim administrator participates in both the CCS and EDI programs.

Please note that only the "First" (00) and "Annual" (AN) reports will be required on first year CCS claims filed using IAIABC EDI standards.

IMPORTANT IMPLEMENTATION NOTE: The IAIABC EDI Reporting Process was developed to meet diverse jurisdiction reporting requirements. Therefore the specifications include numerous reports (MTCs) and the Transaction Sequence Requirements must account for all possible transactions. Kansas only requires a subset of the available reports. This does not change the order in which events naturally occur. It only reduces the number of events that are reportable to KDWC. KDWC will Reject any Report not required by KDWC.

KDWC encourages claim administrators to recognize that other states will not require every transaction and that similar perceived Transaction Sequence conflicts will arise. It is suggested that administrators revisit their EDI process and augment it as follows. Program your system with IAIABC requirements. When a claim event, such as issuance of an Initial Payment (IP) occurs, perform it as scheduled. However, before submitting the corresponding Transaction (MTC), check the jurisdiction's report requirements. If the Report (MTC) is required, send it and continue processing as per the acknowledgement it yields. If the Report (MTC) is not required, post your EDI management system so that the requirement has been satisfied to allow any Transaction Sequence Rules dependent on previous submission of that Report to function normally for all states.

Simplified Report Selection Guide

Use the instructions in bold italics to identify when a claim event is reported to KDWC and what IAIABC Report (MTC) to submit.

Simplified Report Selection Guide				
What Report (MTC) to Use If This Occurs		And This Specific Situation Applies:	Use This MTC	To Submit This Report
1	A New Claim	If First Report to a Jurisdiction by a Claim Administrator If **Full** First Report to a Jurisdiction by Acquiring Claim Administrator If First Report to a Jurisdiction by a Claim Administrator is a full denial	**00** **AU** **04**	**Original** **Acquired / Unallocated** **Denial**
2	Canceling a Claim	If First Report sent in error (Claim will no longer exists in that jurisdiction)	**01**	**Cancel**
3	Initial continuing benefits are **NOT** being paid	If injured worker died and payments pending investigation to determine dependents or payees	**CD**	**Compensable Death**
4	Denying Claim	If Claim Administrator denies Claim	**04**	**Denial**
5	Initial continuing benefits **ARE** being paid	If Employer paying salary in lieu of comp (1 per claim) If initiated by Claim Administrator (1 per claim) If initiated by Acquiring Claim Administrator (may include accrued lump sum due) (1 per claim)	**FS** **IP** **AP**	**Full Salary** **Initial Payment** **Acquired Payment**
6	Claim Closing	If all benefits being paid have been suspended or denied and no future payments anticipated	**FN**	**Final**
7	Periodic information request	If a medical only closed the previous year, or an indemnity claim closed the previous year that had financial information posted after the closing.	**AN**	**Annual**
8	State Special Data Request	A State request's a claim specific or broader scope data requirements, within the IAIABC specifications, to assist their implementation, resolve an EDI production problem, or study	**UR**	**Upon Request**
9	Change	If jurisdiction designated data has changed, and another claim event does not apply	**02**	**Change**
10	Correction	If responding to a transaction acknowledged with errors **#1**	**CO**	**Correction**
#1	Correction is defined as responding to incorrectly reported data value. Data such as telephone number or dates, days paid, etc., may be corrected by replacing data values in a "Correction" transaction. Incorrect benefit and check information is often corrected by applying adjustments or credits which is not reported in a "Correction" transaction.			

Data Element Requirements for FROI and SROI Reports

The data required to be reported is based on the business event. Data Requirements are referred to and expressed as MCOs: Mandatory, Conditional, or Optional.

- **Mandatory** indicates the data element must be present in the transaction or else the transaction is incomplete and will be rejected. Mandatory data includes data that is necessary to process the claim from a technical or business standpoint. For example,

    o A claim missing a Claim Administrator Claim Number or Insurer FEIN will not allow the claim to be matched to the KDWC database, or matched to the Insurer database or trading partner table.

    o Missing Date of Injury, Nature of Injury, or Part of Body codes may prohibit statistical analysis.

- **Conditional** indicates the data element must be present in the transaction if a stated condition applies. If the condition applies the data element is treated as "Mandatory," otherwise the data element is not required. For example,

    o Date of Death if the injured worker is deceased

    o If Payment Adjustment Code is *Conditional*. It is required if the Payment Adjustment Code is equal to 010, death benefits, then Date of Death and Number of Dependents are mandatory data elements.

- **Optional** indicates the data element is not required by KDWC. If *Optional* data is provided it will be edited and potentially used by KDWC. *Optional* data that fails KDWC edits will not result in an error to be corrected nor affect the trading partner's Data Quality report. For Example,

    o Marital Status is Optional. It is not required and providing that data, even if incorrect will not result in a required correction.

- **Blank** (no entry) indicates the data element is not required nor used by KDWC. If *Blank* data is provided it will be not be edited or used by KDWC nor will not result in an error to be corrected or affect the trading partner's Data Quality report. For Example,

    o Insured Report Number is *Blank.* It is not required and providing that data, even if incorrect will not result in a required correction.

Application of MCO Designations

The Element Requirement Tables identify KDWC requirements by "Report" as M, C, 0, or blank as above. Several factors determine the MCO designations for each report. The data is needed to:

- Process a report. Example: Transaction Set ID, Maintenance Type Code.

- Meet technical requirements. Example: Number of Permanent Impairments.

- Create a claim or match a report to a claim. Example: claim numbers & identifiers.

- Meet KDWC reporting requirements.

M, C, O, or blank is assigned according to these criteria and in consideration of the availability of the data for a specific report. For example, a "Cancel," "Denial," or "Acquired" report contain fewer requirements than the comparable "Original First Report."

"Correction" and "Change" reports also designate data requirements as M, C, O, or blank. These reports are sent in response to other specific and previously submitted Reports, and therefore their requirements reflect the M, C, O, or blank requirements of those reports they are correcting or changing. The "Correction Report" requirements depend on the report being corrected, and the "Change Report" must pass the current values of all previously submitted data; or must provide required data not previously sent.

"Correction Report"   If a DN is "Required" {mandatory or true conditional statement} for the FROI or SROI report being Corrected then it is also required of the respective FROI or SROI Correction.

"Change Report"   If Match Data or data previously submitted changes then that data is required on the Change Report.

        If the FROI submitted to KDWC is Acquired Unallocated (AU) or Denial (04) then the Change (02) requirements will equal the Original (00) requirements once the Initial Payment (IP), Full Salary (FS), or Acquired Payment (AP) has been submitted.

Condition Statements

The respective Condition Statements are provided below each section of Kansas First Report of Injury (FROI) and Subsequent Report of Injury (SROI) Reports Data Element Requirements Tables that follow.

FROI Element Requirement Table

Kansas FROI Maintenance Type Code (MTC) values are:
00 Original
04 Denial
AU Acquired Unallocated
01 Cancel
CO Correction
02 Change

IAIABC DN	IAIABC DATA ELEMENT NAME	DN Used to:	Kansas MTC Requirements					
			00	04	AU	01	CO	02
0001	Transaction Set ID	EDI processing requirement	M	M	M	M	M	M
0002	Maintenance Type Code	EDI processing requirement	M	M	M	M	M	M
0003	Maintenance Type Code Date	EDI processing requirement	M	M	M	M	M	M
0004	Jurisdiction	Validate correct jurisdiction	M	M	M	M	M	M
0005	Agency Claim Number	Match data		C		M	M	M
0006	Insurer FEIN	ID and match data	M	M	M	M	M	M
0007	Insurer Name	Locate insurer	M	M	M	M	M	M
0008	Third Party Administrator FEIN	ID and match data	C	C	C	C	C	C
0009	Third Party Administrator Name	Locate TPA	C	C	C	C	C	C
0010	Claim Administrator Address Line 1	Contact info	O	O	O	O	O	O
0011	Claim Administrator Address Line 2	Contact info	O	O	O	O	O	O
0012	Claim Administrator City	Contact info	O	O	O	O	O	O
0013	Claim Administrator State	Contact info	O	O	O	O	O	O
0014	Claim Administrator Postal Code	Contact info	M	M	M	M	M	M
0015	Claim Administrator Claim Number	ID and match data	M	M	M	M	M	M
0016	Employer FEIN	ID and secondary match data	M	M	M	M	M	M
0017	Insured Name	Locate insured	M	M	M	M	M	M
0018	Employer Name	Locate employer	M	M	M	M	M	M
0019	Employer Address Line 1	Contact info	M	M	M	M	M	M
0020	Employer Address Line 2	Contact info	O	O	O	O	O	O
0021	Employer City	Contact info	M	M	M	M	M	M
0022	Employer State	Contact info	M	M	M	M	M	M
0023	Employer Postal Code	Contact info	M	M	M	M	M	M
0024	Self Insured Indicator	Contact info	M	M	M	M	M	M
0025	Industry Code	Statistical element	M	C	C	O	C	C
0026	Insured Report Number	NA						
0027	Insured Location Number	NA						
0028	Policy Number	ID	C	O	C	O	C	C
0029	Policy Effective Date	ID	C	O	C	O	C	C
0030	Policy Expiration Date	ID	O	O	O	O	O	O
0031	Date of Injury	Match data and statistical element	M	M	M	M	M	M
0032	Time of Injury	Match data and statistical element	M	M	M	M	M	M
0033	Postal Code of Injury Site	Statistical element	C	O	C	O	C	C
0034	Employers Premises Indicator	Statistical element	M	O	O	O	O	O
0035	Nature of Injury Code	Statistical element	M	M	M	M	M	M
0036	Part of Body Injured Code	Statistical element	M	M	M	M	M	M
0037	Cause of Injury Code	Statistical element	M	M	M	M	M	M
0038	Accident Description/Cause	Statistical element	M	M	M	M	M	M
0039	Initial Treatment	Statistical element	M	O	O	O	C	C
0040	Date Reported to Employer	Statistical element	M	M	O	O	C	C
0041	Date Reported to Claims Administrator	Statistical element	M	M	O	O	C	C
0042	Social Security Number	ID and match data	M	M	M	M	M	M
0043	Employee Last Name	ID and match data	M	M	M	M	M	M
0044	Employee First Name	ID and match data	M	M	M	M	M	M
0045	Employee Middle Initial	ID	O	O	O	O	O	O
0046	Employee Address Line 1	Contact info	M	M	M	M	M	M
0047	Employee Address Line 2	Contact info	O	O	O	O	O	O
0048	Employee City	Contact info	M	M	M	M	M	M
0049	Employee State	Contact info	M	M	M	M	M	M
0050	Employee Postal Code	Contact info	M	M	M	M	M	M
0051	Employee Phone	Contact info	O	O	O	O	O	O
0052	Employee Date of Birth	Match data and statistical element	M	M	M	M	M	M
0053	Gender Code	Statistical element	M	M	M	M	M	M
0054	Marital Status Code	Statistical element	O	O	O	O	O	O
0055	Number of Dependents	Administrative needs (death only)	C	C	C		C	C
0056	Date Disability Began	Statistical element	C	C	C	C	C	C
0057	Employee Date of Death	Statistical element and administrative need	C	C	C	C	C	C
0058	Employment Status Code	Statistical element	M	M	M	M	M	M
0059	Class Code	Statistical element	C	O	O	O	C	C
0060	Occupation Description	Statistical element	M	M	M	M	M	M
0061	Date of Hire	Statistical element	M	O	M	O	C	C
0062	Wage	Statistical element	O	O	O	O	O	O
0063	Wage Period	Statistical element	O	O	O	O	O	O
0064	Number of Days Worked	NA						
0065	Date Last Day Worked	NA						
0066	Full Wages Paid for Date of Injury Indicator	NA						
0067	Salary Continued Indicator	NA						
0068	Date of Return to Work	Statistical element	C	C	C	C	C	C

SROI Element Requirement Table

Kansas SROI Maintenance Type Code (MTC) values are:

IP	Initial Payment
FS	Full Salary
CD	Compensable Death
04	Denial
AP	Acquired Payment
FN	Final
AN	Annual
UR	Upon Request [future TBD]
CO	Correction
02	Change

IAIABC DN	IAIABC DATA ELEMENT NAME	DN Used to:	Kansas MTC Requirements									
			IP	FS	CD	04	AP	FN	AN	UR	CO	02
0001	Transaction Set ID	EDI processing requirement	M	M	M	M	M	M	M	M	M	M
0002	Maintenance Type Code	EDI processing requirement	M	M	M	M	M	M	M	M	M	M
0003	Maintenance Type Code Date	EDI processing requirement	M	M	M	M	M	M	M	M	M	M
0004	Jurisdiction	Validate correct jurisdiction	M	M	M	M	M	M	M	M	M	M
0006	Insurer FEIN	ID and match data	M	M	M	M	M	M	M		M	M
0008	Third Party Administrator FEIN	ID and match data	C	C	C	C	C	C	C		C	C
0014	Claim Administrator Postal Code	Contact info	M	M	M	M	M	M	M		M	M
0042	Social Security Number	ID and match data	M	M	M	M	M	M	M		M	M
0055	Number of Dependents	Administrative needs (death only)	C			C	C	C	C		C	C
0069	Pre-Existing Disability	NA										
0056	Date Disability Began	Statistical element	M	M	M	C	M	C	C		C	C
0070	Dt of Maximum Medical Improvement	Statistical element	C	C	C	C	C	C	C		C	C
0071	Return to Work Qualifier	Statistical element	C	C	C	C	C	C	C		C	C
0072	Date of Return/Release to Work	Statistical element	C	C	C	C	C	C	C		C	C
0057	Employee Date of Death	Statistical element and administrative need	C		M	C	C	C	C		C	C
0062	Wage	Statistical element	M	M	M	O	M	C	C		C	C
0063	Wage Period	Statistical element	M	M	M	O	M	C	C		C	C
0064	Number of Days Worked	NA										
0067	Salary Continued Indicator	NA										
0031	Date of Injury	Match data and statistical element	M	M	M	M	M	M	M		M	M
0026	Insured Report Number	NA										
0015	Claim Administrator Claim Number	ID and match data	M	M	M	M	M	M	M		M	M
0005	Agency Claim Number	Match data	M	M	M	M	M	M	M		M	M
0073	Claim Status	Statistical element	M	M	M	M	M	M	M		M	M
0074	Claim Type	Statistical element and administrative need	M	M	M	M	M	M	M		M	M
0075	Agreement to Compensate Code	NA										
0076	Date of Representation	Statistical element	C	C	C	C	C	C	C		C	C
0077	Late Reason Code	NA										
0078	Number of Permanent Impairments	EDI processing requirement (counters)	M	M	M	M	M	M	M	M	M	M
0079	Number of Payments/Adjustments	EDI processing requirement (counters)	M	M	M	M	M	M	M	M	M	M
0080	Number of Benefit Adjustments	EDI processing requirement (counters)	M	M	M	M	M	M	M	M	M	M
0081	Number of Paid to Date/Red.Earnings/Rec.	EDI processing requirement (counters)	M	M	M	M	M	M	M	M	M	M
0082	Number of Death Dep./Payee Relationships	EDI processing requirement (counters)	M	M	M	M	M	M	M	M	M	M
0083	Permanent Impairment Body Part Code	Statistical element	C	C	C	C	C	C	C		C	C
0084	Permanent Impairment Percent	Statistical element	C	C	C	C	C	C	C		C	C
0085	Payment/Adjustment Code	Statistical element	M			C	M	C	C		C	C
0086	Payment/Adjustment Paid to Date	Statistical element	M			C	M	C	C		C	C
0087	Payment/Adjustment Weekly Amount	Statistical element	M			C	M	C	C		C	C
0088	Payment/Adjustment Start Date	NA										
0089	Payment/Adjustment End Date	NA										
0090	Payment/Adjustment Weeks Paid	NA										
0091	Payment/Adjustment Days Paid	NA										
0092	Benefit Adjustment Code	NA										
0093	Benefit Adjustment Weekly Amount	NA										
0094	Benefit Adjustment Start Date	NA										
0095	Paid to Date/Red.Earnings/Rec.Code	Statistical element	C	C	C	C	C	C	C		C	C
0096	Paid to Date/Red. Earnings/Rec. Amt	Statistical element	C	C	C	C	C	C	C		C	C
0097	Dependent/Payee Relationship	NA										

KANSAS DIVISION OF WORKERS COMPENSATION
EDI ELEMENT REQUIREMENT CONDITIONAL STATEMENTS
IAIABC Release I First and Subsequent Reports

DN Number	DN NAME	CONDITIONAL STATEMENT
FIRST REPORT DATA REQUIREMENT CONDITIONAL STATEMENTS		
DN0005	Agency Claim Number	If MTC (DN002) is an Original, or an Acquired Unallocated, or if the Denial is the first submitted report to the Division, then Agency Claim Number (DN0005) is NOT Required. Agency Claim Number is required on all other reports.
DN0008	TPA FEIN	If a TPA is administering the claim, then TPA FEIN (DN0008) is required. If either DN0008 or DN0009 is present on a FROI then the other is required.
DN0009	TPA Name	If a TPA is administering the claim, then TPA Name (DN0009) is required. If either DN0008 or DN0009 is present on a FROI then the other is required.
DN0025	Industry Code	If Maintenance Type Code (DN0002) is an Acquired Unallocated (AU) and claim administrator has NAICS/SIC available or if MTC (DN0002) is a Denial (04) and Policy Number (DN0028) is present then Industry Code (DN0025) is required.
DN0028	Policy Number	If Self Insured Indicator (DN0024) is "N" then Policy Number (DN0028) is required, except if MTC = "Denial" or "Cancel." If either DN0028 or DN0029 is present, then both are required.
DN0029	Policy Effective Date	If Self Insured Indicator (DN0024) is "N" then Policy Effective Date (DN0029) is required, except if MTC = "Denial" or "Cancel." If either DN0028 or DN0029 is present, then both are required.
DN0033	Postal Code of Injury Site	If Accident occurred in Kansas, or if Employer's premises Code (DN0034) is "Y" and Employer State (DN0022) is "KS" then Postal Code of Injury Site is required.
DN0055	Number of Dependents	Note to Claim Administrator: If you have data on the number of dependents, then populate DN0055; otherwise, zero-fill the field.
DN0056	Date Disability Began	If Return to Work Date (DN0068) is > than Date of Injury (DN0031) plus 1 day, then Date Disability Began (DN0056) is required.
DN0057	Employee Date of Death	Note to Claim Administrator: If the Employee has died, then populate Date of Death (DN0057).
DN0059	Class Code	If Self Insured Indicator (DN0024) is "N" and TPA FEIN (DN008) is blank or = Insurer FEIN (DN0006), then Class Code (DN0059) is required.
DN0061	Date of Hire	If correcting or changing previously submitted MTC 00 or AU, then date of hire is required.
DN0068	Date of Return to Work	Note to Claim Administrator: If the claimant has returned to work, enter the Return to Work Date (DN0068).

DN Number	DN NAME	CONDITIONAL STATEMENT
		SUBSEQUENT REPORT DATA REQUIREMENT CONDITIONAL STATEMENTS
DN0008	TPA FEIN	If a TPA is administrating the claim, then TPA FEIN (DN0008) is required.
DN0055	Number of Dependents	If Payment/Adjustment Paid to Date (DN0086) for Payment/Adjustment Code [010 or 510] is > $0.00 then Number of Dependents (DN0055) is required. Note to Claim Administrator: If you have data on the number of dependents, or if the preceding condition is true, then populate DN0055; otherwise, zero-fill the field.
DN0056	Date Disability Began	If the Employee has lost work time due to work injury; or if Payment/Adjustment Paid To Date (DN0086) for Payment/Adjustment Code (DN085) 050, 070, or 240, is > $0.00 then Date Disability Began (DN0056) is required.
DN0057	Employee Date of Death	If Payment/Adjustment Code (DN 085) is 010 or 510 then Employee Date of Death (DN0057) is required. Note to Claim Administrator: If the Employee has died then Date of Death (DN0057) is required.
DN0062	Wage	If either Wage (DN0062) or Wage Period (DN0063) is present both are required. Note to Claim Administrator: If you have the wage data, then populate DN0062 and DN0063.
DN0063	Wage Period	If either Wage (DN0062) or Wage Period (DN0063) is present both are required. Note to Claim Administrator: If you have the wage period data, then populate DN0062 and DN0063.
DN0070	Date of Maximum Medical Improvement	If Payment/Adjustment code (DN 0085) is equal to 020, 021, 030, or 040, then Date of Maximum Medical Improvement (DN0070) is required. Note to Claim Administrator: If Maximum Medical Improvement reached, enter Date of Maximum Medical Improvement (DN0070).
DN0071	Return to Work Qualifier	If Return/Release to Return to Work date (DN0072) is present then Return to Work Qualifier (DN0071) is Required.
DN0072	Date of Return/Release to Work	Note to Claim Administrator: If the Claimant has Returned To Work, populate the Return to Work Date (DN0072). If Return/Release to Return to Work date (DN0072) is present then Return to Work Qualifier (DN0071) is Required.
DN0076	Date Of Representation	If Paid to Date Amount (DN0096) for Paid To Date Code (DN0095) is 340 Claimant Legal Expenses is > $0.00 then Date of Representation (DN0076) is required. Note to Claim Administrator: If the claimant has legal representation, populate Date of Representation (DN0076).
DN0083	Permanent Impairment Body Part Code	If Payment/Adjustment Paid to Date (DN0086) for Payment/Adjustment Code (DN0085) is 020, 021, 030, or 040 is > $0.00 then Permanent Impairment Body Part Code (DN0083) is Required. If either DN0083 or DN0084 are present, then both are required Note to Claim Administrator: If an impairment rating has been made, populate Permanent Impairment Body Part Code (DN0083).

DN Number	DN NAME	CONDITIONAL STATEMENT
DN0084	Permanent Impairment Percent	If Payment/Adjustment Paid to Date (DN0086) for Payment/Adjustment Code (DN0085) is 020, 021, 030, or 040 is > $0.00 then Permanent Impairment Percent (DN0084) is Required. If either DN0083 or DN084 are present, then both are required. Note to Claim Administrator: If an impairment rating has been made, populate Permanent Impairment Percent (DN0084).
DN0085	Payment/Adjustment Code	If Maintenance Type Code (DN0002) is Initial Payment (IP) or Acquired Payment (AP) then Payment Adjustment Code (DN0085) is required. If either Payment/Adjustment Code (DN0085), or Payment/Adjustment Paid to Date (DN0086), or Payment/Adjustment Weekly Amount (DN0087) is present, each is required.
DN0086	Payment/Adjustment Paid to Date	If either Payment/Adjustment Code (DN0085), or Payment/Adjustment Paid to Date (DN0086), or Payment/Adjustment Weekly Amount (DN0087) is present, each is required.
DN0087	Payment/Adjustment Weekly Amount	If either Payment/Adjustment Code (DN0085), or Payment/Adjustment Paid to Date (DN0086), or Payment/Adjustment Weekly Amount (DN0087) is present, each is required.
DN0095	Paid To Date/Reduced Earnings/Recoveries Code	If either (DN0095) Paid to Date or Recovery Code or the associated Amount (DN0096) is present, both are required.
DN0096	Paid To Date/Reduced Earnings/Recoveries Amount	If either (DN0095) Paid to Date or Recovery Code or the associated Amount (DN0096) is present, both are required.

IAIABC Release 1 FROI Flat File Record

IAIABC RELEASE 1 FIRST REPORT OF INJURY (148)						
IAIABC *GROUPING*	*IAIABC* *DN*	*IAIABC* *DATA ELEMENT NAME*	*IAIABC FORMAT*	*POSITIONS*		
				BEG	*END*	
TRANSACTION	0001	Transaction Set ID	3 A/N	1	3	
	0002	Maintenance Type Code	2 A/N	4	5	
	0003	Maintenance Type Code Date	DATE	6	13	
JURISDICTION	0004	Jurisdiction	2 A/N	14	15	
	0005	Agency Claim Number	25 A/N	16	40	
CLAIM ADMINISTRATOR	0006	Insurer FEIN	9 A/N	41	49	
	0007	Insurer Name	30 A/N	50	79	
	0008	Third Party Administrator FEIN	9 A/N	80	88	
	0009	Third Party Administrator Name	30 A/N	89	118	
	0010	Claim Administrator Address Line 1	30 A/N	119	148	
	0011	Claim Administrator Address Line 2	30 A/N	149	178	
	0012	Claim Administrator City	15 A/N	179	193	
	0013	Claim Administrator State	2 A/N	194	195	
	0014	Claim Administrator Postal Code	9 A/N	196	204	
	0015	Claim Administrator Claim Number	25 A/N	205	229	
INSURED	0016	Employer FEIN	9 A/N	230	238	
	0017	Insured Name	30 A/N	239	268	
	0018	Employer Name	30 A/N	269	298	
	0019	Employer Address Line 1	30 A/N	299	328	
	0020	Employer Address Line 2	30 A/N	329	358	
	0021	Employer City	15 A/N	359	373	
	0022	Employer State	2 A/N	374	375	
	0023	Employer Postal Code	9 A/N	376	384	
	0024	Self Insured Indicator	1 A/N	385	385	
	0025	SIC Code	6 A/N	386	391	
	0026	Insured Report Number	10 A/N	392	401	
	0027	Insured Location Number	15 A/N	402	416	
POLICY	0028	Policy Number	30 A/N	417	446	
	0029	Policy Effective Date	DATE	447	454	
	0030	Policy Expiration Date	DATE	455	462	
ACCIDENT	0031	Date of Injury	DATE	463	470	
	0032	Time of Injury	HHMM	471	474	
	0033	Postal Code of Injury Site	9 A/N	475	483	
	0034	Employers Premises Indicator	1 A/N	484	484	
	0035	Nature of Injury Code	2 A/N	485	486	
	0036	Part of Body Injured Code	2 A/N	487	488	
	0037	Cause of Injury Code	2 A/N	489	490	
	0038	Accident Description/Cause	150 A/N	491	640	
	0039	Initial Treatment	2 A/N	641	642	
	0040	Date Reported to Employer	DATE	643	650	
	0041	Date Reported to Claim Administrator	DATE	651	658	

IAIABC RELEASE 1 FIRST REPORT OF INJURY (148)

IAIABC GROUPING	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	POSITIONS BEG	END
EMPLOYEE	0042	Social Security Number	9 A/N	659	667
	0043	Employee Last Name	30 A/N	668	697
	0044	Employee First Name	15 A/N	698	712
	0045	Employee Middle Initial	1 A/N	713	713
	0046	Employee Address Line 1	30 A/N	714	743
	0047	Employee Address Line 2	30 A/N	744	773
	0048	Employee City	15 A/N	774	788
	0049	Employee State	2 A/N	789	790
	0050	Employee Postal Code	9 A/N	791	799
	0051	Employee Phone	10 A/N	800	809
	0052	Employee Date of Birth	DATE	810	817
	0053	Gender Code	1 A/N	818	818
	0054	Marital Status Code	1 A/N	819	819
	0055	Number of Dependents	2 N	820	821
	0056	Date Disability Began	DATE	822	829
	0057	Employee Date of Death	DATE	830	837
EMPLOYMENT	0058	Employment Status Code	2 A/N	838	839
	0059	Class Code	4 A/N	840	843
	0060	Occupation Description	30 A/N	844	873
	0061	Date of Hire	DATE	874	881
	0062	Wage	$9.2	882	892
	0063	Wage Period	2 A/N	893	894
	0064	Number Days Worked	1 N	895	895
	0065	Date Last Day Worked	DATE	896	903
	0066	Full Wages Paid for Date of Injury Indicator	1 A/N	904	904
	0067	Salary Continued Indicator	1 A/N	905	905
	0068	Date of Return to Work	DATE	906	913

First Report of Injury (FROI) Form IA - 1

Please note that "**MWCC**" is a fictitious agency designation.

MWCC - WORKERS' COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS			
EMPLOYER (NAME & ADDRESS INCL ZIP) DN18 DN19, DN20, DN21, DN22, DN23	CARRIER/ADMINISTRATOR CLAIM NUMBER DN15		REPORT PURPOSE CODE DN2
	JURISDICTION DN4	JURISDICTION CLAIM NUMBER DN5	
	INSURED REPORT NUMBER DN26		
	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) DN33. DN34		LOCATION # DN27 PHONE #
SIC CODE	EMPLOYER FEIN		

CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME, ADDRESS & PHONE NO) DN7	POLICY PERIOD DN29 TO DN30	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO) DN7, DN9 DN10, DN11, DN12, DN13, DN14
	CHECK IF APPROPRIATE ☐ SELF INSURANCE DN24	

CARRIER FEIN DN6	POLICY/SELF-INSURED NUMBER DN28		ADMINISTRATOR FEIN DN8
AGENT NAME & CODE NUMBER			

EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE) DN43. DN44. DN45	DATE OF BIRTH DN52	SOCIAL SECURITY NUMBER DN42	DATE HIRED DN61	STATE OF HIRE
ADDRESS (INCL ZIP) DN46. DN47. DN48. DN49. DN50	SEX DN53 MALE (M) FEMALE (F) UNKNOWN (U)	MARITAL STATUS DN54 UNMARRIED/SINGLE/DIVORCED (U) MARRIED (M) SEPARATED (S)	OCCUPATION/JOB TITLE DN60 EMPLOYMENT STATUS DN58	
PHONE DN51	# OF DEPENDENTS DN55	UNKNOWN (K)	NCCI CLASS CODE DN59	
RATE DN62 PER: DAY / WEEK / MONTH / OTHER: DN63	#DAYS WORKED WEEK DN64	FULL PAY FOR DAY OF INJURY? DN66 [ ] YES [ ] NO DID SALARY CONTINUE? DN67 [ ] YES [ ] NO		

OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK [ ] AM [ ] PM	DATE OF INJURY/ILLNESS DN31	TIME OF OCCURRENCE [ ] AM [ ] PM DN32	LAST WORK DATE DN65	DATE EMPLOYER NOTIFIED DN40	DATE DISABILITY BEGAN DN56
CONTACT NAME/PHONE NUMBER DN34		TYPE OF INJURY/ILLNESS DN37		PART OF BODY AFFECTED DN36	
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? [ ] YES [ ] NO		TYPE OF INJURY/ILLNESS CODE		PART OF BODY AFFECTED CODE	
COUNTY WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED			ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED DN38		
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED DN38			WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED DN38		

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL DN38		CAUSE OF INJURY CODE DN37
DATE RETURN(ED) TO WORK DN68	IF FATAL, GIVE DATE OF DEATH DN57	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? [ ] YES [ ] NO WERE THEY USED? [ ] YES [ ] NO
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)	HOSPITAL (NAME & ADDRESS)	INITIAL TREATMENT NO MEDICAL TREATMENT (0) MINOR: BY EMPLOYER (1) DN39 MINOR CLINIC/HOSP (2) EMERGENCY CARE (3) HOSPITALIZED > 24 HRS (4) FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED (5)
WITNESSES (NAME & PHONE #)		
DATE ADMINISTRATOR NOTIFIED DN41	DATE PREPARED DN3	PREPARER'S NAME & TITLE PHONE NUMBER

IAIABC IA-1 (8/01)

SEE BACK FOR INSTRUCTIONS
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First Report of Injury (FROI) - Form IA-1 OSHA

WORKERS COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)	CARRIER/ADMINISTRATOR CLAIM NUMBER	OSHA LOG NUMBER	REPORT PURPOSE CODE
	DN15		DN2

DN18
DN19, DN20, DN21, DN22, DN23

JURISDICTION	DN4	JURISDICTION CLAIM NUMBER	DN5

INSURED REPORT NUMBER	DN26

EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)	LOCATION # DN27

DN33
DN34

INDUSTRY CODE	EMPLOYER FEIN		PHONE #

CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME, ADDRESS, & PHONE #)	POLICY PERIOD	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)
DN7	DN29 TO DN30	DN7, DN9 DN10, DN11, DN12, DN13, DN14

CHECK IF APPROPRIATE

☐ SELF INSURANCE   DN24

CARRIER FEIN	POLICY/SELF-INSURED NUMBER	ADMINISTRATOR FEIN
DN6	DN28	DN8

EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
DN43, DN44, DN45	DN52	DN42	DN61	

ADDRESS (INCL ZIP)	SEX DN53	MARITAL STATUS	OCCUPATION/JOB TITLE DN60

| | | M MALE / F FEMALE / U UNKNOWN | U UNMARRIED SINGLE/DIVORCED / M MARRIED / S SEPARATED / K UNKNOWN DN54 | EMPLOYMENT STATUS DN58 |

DN46. DN47. DN48. DN49. DN50

PHONE DN51	# OF DEPENDENTS DN55		NCCI CLASS CODE DN59

RATE PER: DN62	DAY WEEK / MONTH OTHER: DN63	DAYS WORKED/WEEK DN64	FULL PAY FOR DAY OF INJURY? DN66 / DID SALARY CONTINUE? DN67	YES NO / YES NO

OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK AM PM	DATE OF INJURY/ILLNESS DN31	TIME OF OCCURRENCE ( ) CANNOT BE DETERMINED DN32 AM PM	LAST WORK DATE DN65	DATE EMPLOYER NOTIFIED DN40	DATE DISABILITY BEGAN DN56

CONTACT NAME/PHONE NUMBER	TYPE OF INJURY/ILLNESS	PART OF BODY AFFECTED

DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES? YES NO DN34	TYPE OF INJURY/ILLNESS CODE DN37	PART OF BODY AFFECTED CODE DN36

DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED DN38	ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED DN38

SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED DN38	WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED DN38

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL

DN38

	CAUSE OF INJURY CODE DN37

DATE RETURN(ED) TO WORK DN68	IF FATAL, GIVE DATE OF DEATH DN57	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? YES NO	
		WERE THEY USED? YES NO	

PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)	HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS)	INITIAL TREATMENT DN39
		0 NO MEDICAL TREATMENT
		1 MINOR: BY EMPLOYER
		2 MINOR CLINIC/HOSP
		3 EMERGENCY CARE
		4 HOSPITALIZED > 24 HOURS
		5 FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED

OTHER

WITNESSES (NAME & PHONE #)

DATE ADMINISTRATOR NOTIFIED DN41	DATE PREPARED DN3	PREPARER'S NAME & TITLE	PHONE NUMBER

FORM IA-1(r 1-1-02)   SEE BACK FOR IMPORTANT INFORMATION   ©IAIABC 2002

IAIABC Release 1 SROI Flat File Record

IAIABC RELEASE 1A SUBSEQUENT REPORT OF INJURY (A49) DATA ELEMENTS					
IAIABC GROUPING	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	POSITIONS BEG	END
TRANSACTION	0001	Transaction Set ID	3 A/N	1	3
	0002	Maintenance Type Code	2 A/N	4	5
	0003	Maintenance Type Code Date	DATE	6	13
JURISDICTION	0004	Jurisdiction	2 A/N	14	15
CLAIM ADMINISTRATOR	0006	Insurer FEIN	9 A/N	16	24
	0008	Third Party Administrator FEIN	9 A/N	25	33
	0014	Claim Administrator Postal Code	9 A/N	34	42
	0042	Social Security Number	9 A/N	43	51
	0055	Number of Dependents	2 N	52	53
	0069	Pre-Existing Disability	1 A/N	54	54
	0056	Date Disability Began	DATE	55	62
	0070	Date of Maximum Medical Improvement	DATE	63	70
	0071	Return to Work Qualifier	1 A/N	71	71
	0072	Date of Return/Release to Work	DATE	72	79
	0057	Employee Date of Death	DATE	80	87
WAGE	0062	Wage	$9.2	88	98
	0063	Wage Period	2 A/N	99	100
	0064	Number of Days Worked	1 N	101	101
	0067	Salary Continued Indicator	1 A/N	102	102
ACCIDENT	0031	Date of Injury	DATE	103	110
	0026	Insured Report Number	25 A/N	111	135
	0015	Claim Administrator Claim Number	25 A/N	136	160
	0005	Agency Claim Number	25 A/N	161	185
CLAIM STATUS	0073	Claim Status	1 A/N	186	186
	0074	Claim Type	1 A/N	187	187
	0075	Agreement to Compensate Code	1 A/N	188	188
	0076	Date of Representation	DATE	189	196
PAYMENTS	0077	Late Reason Code	2 A/N	197	198
VARIABLE SEGMENT COUNTERS	0078	Number of Permanent Impairments	2 N	199	200
	0079	Number of Payments/Adjustments	2 N	201	202
	0080	Number of Benefit Adjustments	2 N	203	204
	0081	Number of Paid to Date/Reduced Earnings/Recoveries	2 N	205	206
	0082	Number of Death Dependent/Payee Relationships	2 N	207	208
VARIABLE SEGMENTS					
		Permanent Impairments Occurs Number of Permanent Impairments times			
	0083	Permanent Impairment Body Part Code	3 A/N	1	3
	0084	Permanent Impairment Percentage	3.2 N	4	8
		Payment/Adjustments Occurs Number of Payment/Adjustments times			
	0085	Payment/Adjustment Code	3 A/N	1	3
	0086	Payment/Adjustment Paid to Date	$9.2	4	14
	0087	Payment/Adjustment Weekly Amount	$9.2	15	25
	0088	Payment/Adjustment Start Date	DATE	26	33

IAIABC RELEASE 1A SUBSEQUENT REPORT OF INJURY (A49) DATA ELEMENTS					
IAIABC GROUPING	*IAIABC DN*	*IAIABC DATA ELEMENT NAME*	*IAIABC FORMAT*	*POSITIONS* BEG	END
	0089	Payment/Adjustment End Date	DATE	34	41
	0090	Payment/Adjustment Weeks Paid	4 N	42	45
	0091	Payment/Adjustment Days Paid	1 N	46	46
		Benefit Adjustments Occurs Number of Benefit Adjustments times			
	0092	Benefit Adjustment Code	4 A/N	1	4
	0093	Benefit Adjustment Weekly Amount	$9.2	5	15
	0094	Benefit Adjustment Start Date	DATE	16	23
		Paid to Date/Reduced Earnings/Recoveries Occurs Number of Paid to Date/Reduced Earning/Recoveries times			
	0095	Paid To Date/Reduced Earnings/Recoveries Code	3 A/N	1	3
	0096	Paid To Date/Reduced Earnings/Recoveries Amount	$9.2	4	14
		Death Dependent/Payee Relationship Occurs Number of Death Dependent/Payee Relationship times			
	0097	Dependent/Payee Relationship	2 A/N	1	2

Approved EDI Formats

KDWC approves the use of IAIABC or ANSI technical formats. Both use the IAIABC data standards for State Reporting. These formats were chosen to standardize, simplify, and reduce the costs of exchanging data. Each meets the requirements of state reporting but also possesses characteristics that may make one format more suitable to your needs.

The IAIABC format is a flat file format. Each IAIABC format data element is identified by its physical position in the file. All data must be included. Missing or partially filled fields must be filled by blanks or zeros as per the data type it represents. The Release 1 Flat File Format is relatively simple and the technology is well known and suited for in-house development. Some translators process IAIABC Flat Files. Release 1 includes five flat files: First Report (FROI), Subsequent Report (SROI), Acknowledgement (AK1), and Header (HD1) and Trailer (TR1) files.

The ANSI format is a coded format. Each ANSI format data element is identified by a code and sequence scheme. This scheme does not require State Optional data to be omitted. Field delimiters eliminate the need to zero or blank fill a field to flat file field lengths. The ANSI format was developed to meet OSHA, BLS, physician reports, and also contains data typically exchanged between a claim administrator and policy/contract holders. The ANSI format provides for hierarchical representation of the data and is therefore fitted for, and economical for, transmitting huge amounts of claims. Because of its complexity, most organizations purchase a commercial translator and simply, using translator tools, map their data names to the standard reports. The ANSI Format uses two transactions: 148 Report of Injury or Illness, and 824 Acknowledgement. These transactions include Header and Trailer conventions. ANSI transmission capabilities include grouping and additional addressing functionality. ANSI transactions are mandated for Health Care Insurance under the HIPAA Act.

The IAIABC and ANSI Format are detailed in the IAIABC Release 1 EDI Implementation Guide.

An updated ANSI Format and examples are available in the appendix of this Guide.

Data Edits

Data Edit Matrix Tables

The industry state reporting standards include a process that enables a claim administrator to relate a generic edit to data used in any state report. Three edit tables are provided to depict the standards edits and how they are applied by KDWC. The first identifies edits applied to KDWC FROI Reports. The second identifies edits applied to the SROI Reports. A third identifies edits applied to the Header and Trailer transactions. All Reports submitted to KDWC are edited against the appropriate table.

Each Edit Table indicates what edits apply to each data element for a given report. Data Elements are listed in the left column by DN# and DN Name. When edits are applied to a data element differently per report (MTC), an additional row is provided report. Edits are listed in the top row. When an edit applies to a data element its assigned edit severity (TR or TE) is noted at the row and column's intersect.

On occasion, an edit is applied conditionally or additional information is required to perform the edit. These notes are provided at the bottom of the edit matrix and also available in the electronic version of this implementation guide as embedded comments.

There are several types of Edits; data presence, data relationships, data values, report sequence, and matching a report to a claim. Many of the edits are specific to a data element. Edits such as matching a report to a claim or report submission sequence errors produce report level errors that usually result in rejecting the entire report. A listing of report level edits and Kansas match data and match process follow the edit matrix and conditional edits sections.

Failing a "TR" edit will cause a report to be rejected. Failing a "TE" edit will require that the error be corrected. KDWC will return an "Acknowledgement Report (AK1) for each report that is processed by KDWC. Each (AK1) will identify the status of the edited report as (TA) Transaction accepted without errors, (TE) Transaction accepted with errors, and (TR) Transaction Rejected; and list any errors in the format of DN# and the Edit # it failed. Please refer to the Acknowledgement, Correction, & Change Report Sequencing section for additional information.

Edit Matrix Legend

Data Presence Requirements	
Mandatory	**M**
Conditional	**C**
Optional	**O**
Unsolicited Data	Blank

Data Presence Requirements	
Transaction **A**ccepted w/o Errors	**TA**
Transaction Accepted w/ **E**rrors	**TE**
Transaction **R**ejected	**TR**
* Indicates Report Level Edit	

Please refer to the IAIABC Release 1 Standards for a description of the Acknowledgement report.

Please refer to the Header, Trailer, and Acknowledgement Record layouts section of this implementation guide.

Conditional Edits & Notes

Some edits are applied conditionally or require additional explanation. For example, Postal Code is only edited for US format only for U.S. addresses; and report type (MTC) is edited for MTCs accepted by KDWC. These comments are embedded in the edit matrix, and provided as a table following the respective Edit Matrix.

Report Level Edits

The IAIABC Edit Matrix is used to identify what edits are applied to a specific Data Element.
Some edits are applied at a report level to several data elements at one time to determine if:

A. A report does not match a claim on the database:
  Used to decide to create a claim, or to process a report against an established claim.

B. A batch does not contain both a FROI and SROI for a claim:
  Used when a FROI and SROI are required in one Transmission and one is missing.

C. A transmission or transaction is a duplicate:
  Used to prevent processing a transmission or transaction twice.

D. A report should not have been sent:
  Used when the requirements to submit a report has not been met.

E. A report is not sent in the correct sequence:
  Used when a claim event is sent out of sequence.
  For Example: A suspension precedes the initial payment.

F. A current value is not consistent with previous value:
  Used to identify different values of static data such as Date of Death, Date of Birth,
    and Financial Amounts that have not had any reported activity have changed.

Edits performed as a Report Level are reported as follows:

* **Edit 039 – No Match on Database:**
  At least three of the specified data must match.
  When a Transaction match is confirmed, any non-matching DNs will be reported as TE
    for a Correction or Change response.
  When a Transaction match is not confirmed, an Acknowledgement of "TR"
    with Maintenance Type Code, DN0002 in error.

* **Edit 057 – Duplicate Transmission/Transaction:**
  When a duplicate Transmission is encountered the Transmission is not processed
    further. An Acknowledgement of "TR" is sent with Entire Batch, DN0000 in error.
  When a duplicate Transaction is encountered the Transaction is not processed further.
  An Acknowledgement of "TR" is sent with Maintenance Type Code, DN0002 and
    Maintenance Type Code date, DN0003 in error.

*   **Edit 050 - No Matching Subsequent Report:**
When both a FROI and SROI are required in a transmission and the SROI is missing
     an Acknowledgement of "TR" is sent with Maintenance Type Code, DN0002, in error.

*   **Edit 053 - No Matching First Report:**
When both a FROI and SROI are required in a transmission and the FROI is missing
     an Acknowledgement of "TR" is sent with Maintenance Type Code, DN0002, in error.

*   **Edit 059 – Value not consistent with value previously received:**
When a current and previous static data value or financial amount changes without a
     change report or reported financial activity report it as TE error for that data
     element on the associated Acknowledgement to advise the sender but not impose an
     inappropriate correction request.

*   **Edit 061 – Event Criteria Not Meet**:
When a report is submitted before the requirement to submit a report have been
     satisfied, an Acknowledgement of "TR" is sent with Maintenance Type Code,
     DN0002, in error.

*   **Edit 063 – Invalid Event Sequence:**
When a report is submitted out of Claim Event Sequence, an Acknowledgement of
     "TR" is sent with Maintenance Type Code, DN0002, in error.

Please note: the sequencing diagram below is meant to convey to the trading partner the sequencing rules that clarify how KDWC will apply edit 063.

With respect to acquired claims, KDWC requires the filing of an AU before an AP so that a unique agency claim number (DN05) can be acknowledged back to the trading partner for the filing subsequent claims.

Kansas Transaction Sequencing Requirements (Edit 063)

If Last Submitted FROI MTC is:	If Last Submitted SROI MTC is:	Allow MTC(s):	Reject MTC(s):
None	None	00 04 AU *UR*	**01 02 CO** *IP FS CD AP 04 FN AN 02 CO*
00	None	**04 AU 01 02 CO** *IP FS CD AN UR*	**00** *AP 04 FN 02 CO*
04		**AU 02 CO** *IP FS CD AN UR*	**00 04 01** *AP 04 FN 02 CO*
AU		**04 01 02 CO** *FS CD AP 04 AN UR*	**00 AU** *IP FN 02 CO*
01		**CO** *UR*	**00 04 AU 01 02** *IP FS CD AP 04 FN AN 02 CO*
02		NA	NA
CO		NA	NA
	IP	**02 CO** *FS CD 04 FN UR 02 CO*	**00 04 AU 01** *IP AP AN*
	FS	**02 CO** *IP CD 04 FN UR 02 CO*	**00 04 AU 01** *FS AP AN*
	CD	**02 CO** *IP 04 FN UR 02 CO*	**00 04 AU 01** *FS CD AP AN*
	AP	**02 CO** *FS CD 04 FN UR 02 CO*	**00 04 AU 01** *IP AP AN*
	04	**02 CO** *IP FS CD AP FN AN UR 02 CO*	**00 04 AU 01** *04*
	FN	**02 CO** *AN UR 02 CO*	**00 04 AU 01** *IP FS CD AP 04 FN*
	AN	*UR 02 CO*	**00 04 AU 01 02 CO** *IP FS CD AP 04 FN AN*
	UR	All	NA
	02	NA	NA
	CO	NA	NA

Kansas processing of edits:
> **Kansas will only process and acknowledge reports for "TR" and TE severity level Edits to the Claim Administrators.**

Kansas processing of unsolicited data:
Kansas will not edit (except for ASCII characters), acknowledge, reject, or process unsolicited data to their system.

Kansas Edit Matrix Tables

This section contains the following:

- FROI Edit Matrix Tables
- SROI Edit Matrix Tables
- Header & Trailer Edit Matrix Table

Kansas Division of Workers Compensation

EDI Claims Edit Matrix Table

IAIABC DN	IAIABC Data Element Name	MTC APPLIES TO:	KS MCO REQ	Error Messages	Mandatory Field Not Present 001	Must Be Numeric 0-9 028	Must Be a Valid Date (CCYYMMDD) 029	Must Be Alpha-Numeric (0-9, A-Z) 030	Must Be a Valid Time (HHMM) 031	Must Be <= Date of Injury 033	Must Be >=Date of Injury 034	Must Be >= Date Disability Began 035	Must Be <= MTC Reason Code Date 037	No Match on Database 039	All Digits Cannot Be the Same 040	Must Be <= Current Date 041	Not Statutorily Valid 042
	First Report Transaction																
0001	Transaction Set ID	All FROI MTCs	M		TR												
0002	Maintenance Type Code	All FROI MTCs	M		TR									TR*			TR
0003	Maintenance Type Code Date	All FROI MTCs	M		TR		TR				TR			TR		TR	
0004	Jurisdiction	All FROI MTCs	M		TR												TR
0005	Agency Claim Number	Original & Acquired Unallocated															
		Denial	C		TR			TR									
		All other FROI MTCs	M		TR			TR						TE*			
0006	Insurer FEIN	Original, Denial, & Acquired Unallocated	M		TR	TR									TR		
		Cancel	M		TR	TR								TE*	TR		
		All other FROI MTCs	M		TR	TR								TE*	TR		
0007	Insurer Name	All FROI MTCs	M		TR												
0008	Third Party Administrator FEIN	Original, Denial, & Acquired Unallocated	C		TR	TR									TR		
		Cancel	C		TR	TR								TE*	TR		
		All other FROI MTCs	C		TR	TR								TE*	TR		
0009	TPA Name	All FROI MTCs	C		TR												
0010	Claim Administrator Address Line 1	All FROI MTCs	O														
0011	Claim Administrator Address Line 2	All FROI MTCs	O														
0012	Claim Administrator City	All FROI MTCs	O														
0013	Claim Administrator State	All FROI MTCs	O														
0014	Claim Administrator Postal Zip	All FROI MTCs	M		TR	TR		TE									
0015	Claim Administrator Claim Number	Original, Denial, & Acquired Unallocated	M		TR												
		All other FROI MTCs	M		TR									TE*			
0016	Employer FEIN	Original, Denial, & Acquired Unallocated	M		TR	TR									TR		
		All other FROI MTCs	M		TR	TR								TE*	TR		
0017	Insured Name	All FROI MTCs	M		TR												
0018	Employer Name	All FROI MTCs	M		TR												
0019	Employer Address Line 1	All FROI MTCs	M		TR												
0020	Employer Address Line 2	All FROI MTCs	O														
0021	Employer City	All FROI MTCs	M		TR												
0022	Employer State	All FROI MTCs	M		TR												
0023	Employer Postal Code	All FROI MTCs	M		TR	TR											
0024	Self Insured Indicator	All FROI MTCs	M		TR												
0025	Industry Code	Original	M		TR			TR									
		Denial, Acquired Unallocated, Change, & Correction	C		TR			TR									
		Cancel	O														
0026	Insured Report Number																
0027	Insured Location Number																
0028	Policy Number	Denial & Cancel	O														
		All other FROI MTCs	C		TR												
0029	Policy Effective	Denial & Cancel	O														
		All other FROI MTCs	C		TR		TR			TE						TR	
0030	Policy Expiration	All FROI MTCs	O														
0031	Date of Injury	Original, Denial, & Acquired Unallocated	M		TR		TR							TR		TR	
		All other FROI MTCs	M		TR		TR							TR	TE*	TR	
0032	Time of Injury	Original, Denial, & Acquired Unallocated	M		TR				TR								
		All other FROI MTCs	M		TR				TR					TE*			
0033	Postal Code of Injury Site	Denial & Cancel	O														
		All other FROI MTCs	C		TE	TE		TE									
0034	Employers Premise Indicator	Original	M														
		All other FROI MTCs	O														
0035	Nature of Injury Code	All FROI MTCs	M		TR												
0036	Part of Body Injured Code	All FROI MTCs	M		TR												
0037	Cause of Injury Code	All FROI MTCs	M		TR												
0038	Accident Description / Cause	All FROI MTCs	M		TR												
0039	Initial Treatment Code	Denial, Acquired Unallocated, & Cancel	O														
		All other FROI MTCs	M		TR												

Kansas Division of Workers Compensation

EDI Claims Edit Matrix Table

IAIABC DN	IAIABC Data Element Name	MTC APPLIES TO:	KS MCO REQ	Error Messages	No Matching FROI (148) 053	Must Be <= Date of Hire 055	Duplicate Transmission / Transaction 057	Code / ID Invalid 058	Value Not Consistent With Previous Report 059	Event Criteria Not Met 061	Invalid Event Sequence 063	Invalid Record Count 066	Must Be >= Policy Effective Date 067	Must Be <= Policy Expiration Date 068	No Leading or Embedded Spaces 100
	First Report Transaction														
0001	Transaction Set ID	All FROI MTCs	M				TR	TR							
0002	Maintenance Type Code	All FROI MTCs	M				TR*	TR		TR*	TR*				
0003	Maintenance Type Code Date	All FROI MTCs	M				TR*								
0004	Jurisdiction	All FROI MTCs	M												
0005	Agency Claim Number	Original & Acquired Unallocated													
		Denial	C												
		All other FROI MTCs	M				TR								
0006	Insurer FEIN	Original, Denial, & Acquired Unallocated	M					TE							
		Cancel	M					TE							
		All other FROI MTCs	M					TE							
0007	Insurer Name	All FROI MTCs	M					TR							
0008	Third Party Administrator FEIN	Original, Denial, & Acquired Unallocated	C					TE							
		Cancel	C					TE							
		All other FROI MTCs	C					TE							
0009	TPA Name	All FROI MTCs	C					TE							
0010	Claim Administrator Address Line 1	All FROI MTCs	O												
0011	Claim Administrator Address Line 2	All FROI MTCs	O												
0012	Claim Administrator City	All FROI MTCs	O												
0013	Claim Administrator State	All FROI MTCs	O												
0014	Claim Administrator Postal Zip	All FROI MTCs	M					TE							
0015	Claim Administrator Claim Number	Original, Denial, & Acquired Unallocated	M												
		All other FROI MTCs	M												
0016	Employer FEIN	Original, Denial, & Acquired Unallocated	M					TE							
		All other FROI MTCs	M					TE							
0017	Insured Name	All FROI MTCs	M					TR							
0018	Employer Name	All FROI MTCs	M					TR							
0019	Employer Address Line 1	All FROI MTCs	M												
0020	Employer Address Line 2	All FROI MTCs	O												
0021	Employer City	All FROI MTCs	M												
0022	Employer State	All FROI MTCs	M					TR							
0023	Employer Postal Code	All FROI MTCs	M					TE							
0024	Self Insured Indicator	All FROI MTCs	M					TR							
0025	Industry Code	Original	M					TR							
		Denial, Acquired Unallocated, Change, & Correction	C					TR							
		Cancel	O												
0026	Insured Report Number														
0027	Insured Location Number														
0028	Policy Number	Denial & Cancel	O												
		All other FROI MTCs	C					TE							
0029	Policy Effective	Denial & Cancel	O												
		All other FROI MTCs	C												
0030	Policy Expiration	All FROI MTCs	O												
0031	Date of Injury	Original, Denial, & Acquired Unallocated	M										TR	TR	
		All other FROI MTCs	M										TR	TR	
0032	Time of Injury	Original, Denial, & Acquired Unallocated	M												
		All other FROI MTCs	M												
0033	Postal Code of Injury Site	Denial & Cancel	O												
		All other FROI MTCs	C					TE							
0034	Employers Premise Indicator	Original	M					TE							
		All other FROI MTCs	O												
0035	Nature of Injury Code	All FROI MTCs	M					TR							
0036	Part of Body Injured Code	All FROI MTCs	M					TR							
0037	Cause of Injury Code	All FROI MTCs	M					TR							
0038	Accident Description / Cause	All FROI MTCs	M												
0039	Initial Treatment Code	Denial, Acquired Unallocated, & Cancel	O												
		All other FROI MTCs	M					TR							

Kansas Division of Workers Compensation

EDI Claims Edit Matrix Table

IAIABC DN	IAIABC Data Element Name	MTC APPLIES TO:	KS MCO REQ	Error Messages	Mandatory Field Not Present 001	Must Be Numeric 0-9 028	Must Be a Valid Date (CCYYMMDD) 029	Must Be Alpha-Numeric (0-9, A-Z) 030	Must Be a Valid Time (HHMM) 031	Must Be <= Date of Injury 033	Must Be >=Date of Injury 034	Must Be >= Date Disability Began 035	Must Be <= MTC Reason Code Date 037	No Match on Database 039	All Digits Cannot Be the Same 040	Must Be <= Current Date 041	Not Statutorily Valid 042
	First Report Transaction																
0040	Date Reported to Employer	Original & Denial	M		TR		TR				TR		TR			TR	
		Acquired Unallocated & Cancel	O														
		Change & Correction	C		TR		TR				TR		TR			TR	
0041	Date Reported to Claims Administrator	Original & Denial	M		TR		TR				TR		TR			TR	
		Acquired Unallocated & Cancel	O														
		Change & Correction	C		TR		TR				TR		TR			TR	
0042	Social Security Number	Original, Denial, & Acquired Unallocated	M		TR	TR									TR		
		All other FROI MTCs	M		TR	TR								TE	TR		
0043	Employee Last Name	Original, Denial, & Acquired Unallocated	M		TR												
		All other FROI MTCs	M		TR									TE*			
0044	Employee First Name	Original, Denial, & Acquired Unallocated	M		TR												
		All other FROI MTCs	M		TR									TE*			
0045	Employee Middle Initial	All FROI MTCs	O														
0046	Employee Address Line 1	All FROI MTCs	M		TR												
0047	Employee Address Line 2	All FROI MTCs	O														
0048	Employee City	All FROI MTCs	M		TR												
0049	Employee State	All FROI MTCs	M		TR												
0050	Employee Postal Code	All FROI MTCs	M		TR	TR											
0051	Employee Phone	All FROI MTCs	O														
0052	Employee Date of Birth	Original, Denial, & Acquired Unallocated	M		TR		TR			TR			TR			TR	
		All other FROI MTCs	M		TR		TR			TR			TR	TE*		TR	
0053	Gender Code	All FROI MTCs	M		TR												
0054	Marital Status Code	All FROI MTCs	O														
0055	Number of Dependents	Cancel	O														
		All other FROI MTCs	C		TR	TR											
0056	Date Disability Began	All FROI MTCs	C		TR		TR				TR		TR			TR	
0057	Employee Date of Death	All FROI MTCs	C		TR		TR				TR		TR			TR	
0058	Employment Status Code	All FROI MTCs	M		TR												
0059	Class Code	Original, Change, & Correction	C		TR	TR											
		All other FROI MTCs	O														
0060	Occupation Description	All FROI MTCs	M		TR												
0061	Date of Hire	Original	M		TR		TR			TR			TR			TR	
		Acquired Unallocated	M		TE		TR			TR			TR			TR	
		Change & Correction	C		TR		TR			TR			TR			TR	
		All other FROI MTCs	O														
0062	Wage	All FROI MTCs	O														
0063	Wage Period	All FROI MTCs	O														
0064	Number of Days Worked																
0065	Date Last Day Worked																
0066	Full Wages Pd for Date of Injury Indicator																
0067	Salary Continued Indicator																
0068	Date of Return To Work	All FROI MTCs	C		TR		TR				TR		TR			TR	
	Subsequent Report Transaction																
0001	Transaction Set ID	All SROI MTCs	M		TR												
0002	Maintenance Type Code	All SROI MTCs	M		TR											TR	TR
0003	Maintenance Type Code Date	All SROI MTCs	M		TR		TR				TR					TR	
0004	Jurisdiction	All SROI MTCs	M		TR												TR
0006	Insurer FEIN	All SROI MTCs	M		TR	TR								TE*	TR		
		All SROI MTCs	M		TR	TR								TE*	TR		
0008	TPA FEIN	All SROI MTCs	C		TR	TR								TE*	TR		
		All SROI MTCs	C		TR	TR								TE*	TR		
0014	Claim Administrator Postal Zip	All SROI MTCs	M		TR	TR		TE									
0042	Social Security Number	All SROI MTCs	M		TR	TR								TE*	TR		
0055	Number of Dependents	Full Salary & Compensable Death															
		All other SROI MTCs	C		TR	TR											

Kansas Division of Workers Compensation

EDI Claims Edit Matrix Table

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	First Report Transaction														
0040	Date Reported to Employer	Original & Denial	M												
		Acquired Unallocated & Cancel	O												
		Change & Correction	C												
0041	Date Reported to Claims Administrator	Original & Denial	M												
		Acquired Unallocated & Cancel	O												
		Change & Correction	C												
0042	Social Security Number	Original, Denial, & Acquired Unallocated	M												
		All other FROI MTCs	M												
0043	Employee Last Name	Original, Denial, & Acquired Unallocated	M					TR							
		All other FROI MTCs	M					TR							
0044	Employee First Name	Original, Denial, & Acquired Unallocated	M					TR							
		All other FROI MTCs	M					TR							
0045	Employee Middle Initial	All FROI MTCs	O												
0046	Employee Address Line 1	All FROI MTCs	M												
0047	Employee Address Line 2	All FROI MTCs	O												
0048	Employee City	All FROI MTCs	M												
0049	Employee State	All FROI MTCs	M					TR							
0050	Employee Postal Code	All FROI MTCs	M					TE							
0051	Employee Phone	All FROI MTCs	O												
0052	Employee Date of Birth	Original, Denial, & Acquired Unallocated	M			TR									
		All other FROI MTCs	M			TR									
0053	Gender Code	All FROI MTCs	M					TR							
0054	Marital Status Code	All FROI MTCs	O												
0055	Number of Dependents	Cancel	O												
		All other FROI MTCs	C												
0056	Date Disability Began	All FROI MTCs	C												
0057	Employee Date of Death	All FROI MTCs	C												
0058	Employment Status Code	All FROI MTCs	M					TE							
0059	Class Code	Original, Change, & Correction	C												
		All other FROI MTCs	O												
0060	Occupation Description	All FROI MTCs	M												
0061	Date of Hire	Original	M												
		Acquired Unallocated	M												
		Change & Correction	C												
		All other FROI MTCs	O												
0062	Wage	All FROI MTCs	O												
0063	Wage Period	All FROI MTCs	O												
0064	Number of Days Worked														
0065	Date Last Day Worked														
0066	Full Wages Pd for Date of Injury Indicator														
0067	Salary Continued Indicator														
0068	Date of Return To Work	All FROI MTCs	C												
	Subsequent Report Transaction														
0001	Transaction Set ID	All SROI MTCs	M				TR	TR							
0002	Maintenance Type Code	All SROI MTCs	M				TR	TR							
0003	Maintenance Type Code Date	All SROI MTCs	M												
0004	Jurisdiction	All SROI MTCs	M					TR							
0006	Insurer FEIN	Change & Correction	M					TE							
		All other SROI MTCs	M					TE	TR						
0008	TPA FEIN	Change & Correction	C					TE							
		All other SROI MTCs	C					TE	TE						
0014	Claim Administrator Postal Zip	All SROI MTCs	M					TE							
0042	Social Security Number	All SROI MTCs	M												
0055	Number of Dependents	Full Salary & Compensable Death													
		All other SROI MTCs	C												

Kansas Division of Workers Compensation

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	Subsequent Report Transaction																
0069	Pre-Existing Disability																
0056	Date Disability Began	Initial Payment, Full Salary, Compensable Death, & Acquired Payment	M		TR		TR				TR		TR			TR	
		All other SROI MTCs	C		TR		TR				TR		TR			TR	
0070	Date of Maximum Medical Improvement	Initial Payment & Acquired Payment	C		TR		TR				TR	TR				TR	
		All other SROI MTCs	C		TR		TR				TR	TR	TR			TR	
0071	Return to Work Qualifier	All SROI MTCs	C		TR												
0072	Date of Return/Release to Work	Initial Payment & Acquired Payment	C		TR		TR				TR	TR				TR	
		All other SROI MTCs	C		TR		TR				TR	TR	TR			TR	
0057	Employee Date of Death	Full Salary															
		Compensable Death	M		TR		TR				TR		TR			TR	
		All other SROI MTCs	C		TR		TR				TR		TR			TR	
0062	Wage	Initial Payment, Full Salary, Compensable Death, & Acquired Payment	M		TR	TR											
		Denial	O														
		All other SROI MTCs	C		TR	TR											
0063	Wage Period	Initial Payment, Full Salary, Compensable Death, & Acquired Payment	M		TR												
		Denial	O														
		All other SROI MTCs	C		TR												
0064	Number Of Days Worked																
0067	Salary Continued Indicator																
0031	Date of Injury	All SROI MTCs	M		TR		TR						TR	TE*		TR	
0026	Insured Report Number																
0015	Claim Administrator Claim Number	All SROI MTCs	M		TR									TE*			
0005	Agency Claim Number	All SROI MTCs	M		TR			TR						TE*			
0073	Claim Status	All SROI MTCs	M		TR												
0074	Claim Type	All SROI MTCs	M		TR												
0075	Agreement to Compensate Code																
0076	Date Of Representation	All SROI MTCs	C		TR		TR				TR					TR	
0077	Late Reason Code																
0078	Number of Permanent Impairments	All SROI MTCs	M		TR												
0079	Number of Payment/Adjustments	All SROI MTCs	M		TR												
0080	Number of Benefit Adjustments	All SROI MTCs	M		TR												
0081	Number of Paid to Date/Reduced Earnings/Recoveries	All SROI MTCs	M		TR												
0082	Number of Death Dependant/Payee Relationships	All SROI MTCs	M		TR												
	Permanent Impairment occurs Number Of Permanent Impairment Times																
0083	Permanent Impairment Body Part Code (In Kansas, must = "99")	All SROI MTCs	C		TR												
0084	Permanent Impairment Percent	All SROI MTCs	C		TR	TR											
	Payment/Adjustments Occurs Number of Payment/Adjustment Times																
0085	Payment/Adjustment Code	Initial Payment & Acquired Payment	M		TR												
		Full Salary & Compensable Death															
		All other SROI MTCs	C		TR												
0086	Payment/Adjustment Paid To Date	Initial Payment & Acquired Payment	M		TR	TR											
		Full Salary & Compensable Death															
		All other SROI MTCs	C		TR	TR											
0087	Payment/Adjustment Weekly Amount	Initial Payment & Acquired Payment	M		TR	TR											
		Full Salary & Compensable Death															
		All other SROI MTCs	C		TR	TR											

Kansas Division of Workers Compensation

EDI Claims Edit Matrix Table

IAIABC DN	IAIABC Data Element Name	MTC APPLIES TO:	KS MCO REQ	Error Messages	No Matching FROI (148) 053	Must Be <= Date of Hire 055	Duplicate Transmission / Transaction 057	Code / ID Invalid 058	Value Not Consistent With Previous Report 059	Event Criteria Not Met 061	Invalid Event Sequence 063	Invalid Record Count 066	Must Be >= Policy Effective Date 067	Must Be <= Policy Expiration Date 068	No Leading or Embedded Spaces 100
	Subsequent Report Transaction														
0069	Pre-Existing Disability														
0056	Date Disability Began	Initial Payment, Full Salary, Compensable Death, & Acquired Payment	M												
		All other SROI MTCs	C												
0070	Date of Maximum Medical Improvement	Initial Payment & Acquired Payment	C												
		All other SROI MTCs	C												
0071	Return to Work Qualifier	All SROI MTCs	C					TE							
0072	Date of Return/Release to Work	Initial Payment & Acquired Payment	C												
		All other SROI MTCs	C												
0057	Employee Date of Death	Full Salary													
		Compensable Death	M												
		All other SROI MTCs	C												
0062	Wage	Initial Payment, Full Salary, Compensable Death, & Acquired Payment	M												
		Denial	O												
		All other SROI MTCs	C												
0063	Wage Period	Initial Payment, Full Salary, Compensable Death, & Acquired Payment	M					TR							
		Denial	O												
		All other SROI MTCs	C					TR							
0064	Number Of Days Worked														
0067	Salary Continued Indicator														
0031	Date of Injury	All SROI MTCs	M		TR										
0026	Insured Report Number														
0015	Claim Administrator Claim Number	All SROI MTCs	M		TR			TE							
0005	Agency Claim Number	All SROI MTCs	M		TR		TR								
0073	Claim Status	All SROI MTCs	M					TR							
0074	Claim Type	All SROI MTCs	M					TR							
0075	Agreement to Compensate Code														
0076	Date Of Representation	All SROI MTCs	C												
0077	Late Reason Code														
0078	Number of Permanent Impairments	All SROI MTCs	M					TR							
0079	Number of Payment/Adjustments	All SROI MTCs	M					TR							
0080	Number of Benefit Adjustments	All SROI MTCs	M					TR							
0081	Number of Paid to Date/Reduced Earnings/Recoveries	All SROI MTCs	M					TR							
0082	Number of Death Dependant/Payee Relationships	All SROI MTCs	M					TR							
	Permanent Impairment occurs Number Of Permanent Impairment Times														
0083	Permanent Impairment Body Part Code (In Kansas, must = "99")	All SROI MTCs	C					TR							
0084	Permanent Impairment Percent	All SROI MTCs	C												
	Payment/Adjustments Occurs Number of Payment/Adjustment Times														
0085	Payment/Adjustment Code	Initial Payment & Acquired Payment	M					TR							
		Full Salary & Compensable Death													
		All other SROI MTCs	C					TR							
0086	Payment/Adjustment Paid To Date	Initial Payment & Acquired Payment	M												
		Full Salary & Compensable Death													
		All other SROI MTCs	C												
0087	Payment/Adjustment Weekly Amount	Initial Payment & Acquired Payment	M												
		Full Salary & Compensable Death													
		All other SROI MTCs	C												

Kansas Division of Workers Compensation

EDI Claims Edit Matrix Table

IAIABC DN	IAIABC Data Element Name	MTC APPLIES TO:	KS MCO REQ	Error Messages	Mandatory Field Not Present 001	Must Be Numeric 0 - 9 028	Must Be a Valid Date (CCYYMMDD) 029	Must Be Alpha-Numeric (0 - 9, A-Z) 030	Must Be a Valid Time (HHMM) 031	Must Be <= Date of Injury 033	Must Be >=Date of Injury 034	Must Be >= Date Disability Began 035	Must Be <= MTC Reason Code Date 037	No Match on Database 039	All Digits Cannot Be the Same 040	Must Be <= Current Date 041	Not Statutorily Valid 042
	Subsequent Report Transaction																
0088	Payment/Adjustment Start Date																
0089	Payment/Adjustment End Date																
0090	Payment/Adjustment Weeks Paid																
0091	Payment/Adjustment Days Paid																
	Benefit Adjustments Occurs Number of Benefit Adjustments Times																
0092	Benefit Adjustment Code																
0093	Benefit Adjustment Weekly Amount																
0094	Benefit Adjustment Start Date																
	Paid To Date /Reduced Earnings /Recoveries Occurs Paid To Date /Reduced Earnings /Recoveries Times																
0095	Paid To Date /Reduced Earnings /Recoveries Code	All SROI MTCs	C		TR												
0096	Paid To Date /Reduced Earnings /Recoveries Amount	All SROI MTCs	C		TR	TR											
	Death Dependant/Payee Relationship Times																
0097	Dependant/Payee Relationship																
	Header & Trailer Records(HD1 & TR1)																
0098	Sender ID		M		TR												
0099	Receiver ID		M		TR												
0100	Date Transmission Sent		M		TR		TR									TR	
0101	Time Transmission Sent		M		TR				TR								
0104	Test / Production Indicator		M		TR												
0105	Interchange Version ID		M		TR												TR
0106	Detail Record Count		M		TR	TR											

Kansas Division of Workers Compensation

EDI Claims Edit Matrix Table

IAIABC DN	IAIABC Data Element Name	MTC APPLIES TO:	KS MCO REQ	Error Messages	No Matching FROI (148) 053	Must Be <= Date of Hire 055	Duplicate Transmission / Transaction 057	Code / ID Invalid 058	Value Not Consistent With Previous Report 059	Event Criteria Not Met 061	Invalid Event Sequence 063	Invalid Record Count 066	Must Be >= Policy Effective Date 067	Must Be <= Policy Expiration Date 068	No Leading or Embedded Spaces 100
	Subsequent Report Transaction														
0088	Payment/Adjustment Start Date														
0089	Payment/Adjustment End Date														
0090	Payment/Adjustment Weeks Paid														
0091	Payment/Adjustment Days Paid														
	Benefit Adjustments Occurs Number of Benefit Adjustments Times														
0092	Benefit Adjustment Code														
0093	Benefit Adjustment Weekly Amount														
0094	Benefit Adjustment Start Date														
	Paid To Date /Reduced Earnings /Recoveries Occurs Paid To Date /Reduced Earnings /Recoveries Times														
0095	Paid To Date /Reduced Earnings /Recoveries Code	All SROI MTCs	C					TR							
0096	Paid To Date /Reduced Earnings /Recoveries Amount	All SROI MTCs	C												
	Death Dependant/Payee Relationship Times														
0097	Dependant/Payee Relationship														
	Header & Trailer Records(HD1 & TR1)														
0098	Sender ID		M					TR							
0099	Receiver ID		M					TR							
0100	Date Transmission Sent		M												
0101	Time Transmission Sent		M												
0104	Test / Production Indicator		M					TR							
0105	Interchange Version ID		M					TR							
0106	Detail Record Count		M									TR			

Edit Matrix Tables Comments

FROI

DN#	Data Element name	EDIT #	Edit Message	Edit Comment
DN0006	Insurer FEIN	058	Code / ID Invalid	A valid FEIN requires that all 9 positions are populated.
DN0007	Insurer Name	058	Code / ID Invalid	0-9 A/N ' , . # ( ) - & ! @ / \ ; : are valid.
DN0008	Third Party Administrator FEIN	058	Code / ID Invalid	A valid FEIN requires that all 9 positions are populated.
DN0009	Third Party Administrator Name	058	Code / ID Invalid	0-9 A/N ' , . # ( ) - & ! @ / \ ; : are valid.
DN0014	Claim Administrator Postal Zip	028	Must Be Numeric 0 - 9	If DN0013 is not a US value, then Edit 030 applies.
DN0014	Claim Administrator Postal Zip	030	Must Be Alpha-Numeric	If DN0013 is a US value, then Edit 028 applies.
DN0014	Claim Administrator Postal Zip	058	(0 - 9, A-Z)	If DN0013 is a US value then Postal Code must have 5 or 9 positions populated; else if Canada 6 positions, else do not edit.
DN0016	Employer FEIN	058	Code / ID Invalid	blank
DN0017	Insurer Name	058	Code / ID Invalid	0-9 A/N ' , . # ( ) - & ! @ / \ ; : are valid.
DN0018	Employer Name	058	Code / ID Invalid	0-9 A/N ' , . # ( ) - & ! @ / \ ; : are valid.
DN0023	Employer Postal Code	028	Must Be Numeric 0 - 9	If DN0013 is not a US value, then Edit 030 applies.
DN0023	Employer Postal Code	058	(0 - 9, A-Z)	If DN0022 is a US value then Postal Code must have 5 or 9 positions populated.
DN0025	Industry Code	058	Code / ID Invalid	Edit against official SIC / NAICS Code tables.
DN0028	Policy Number	058	Code / ID Invalid	0-9 A/N ' , . # ( ) - & ! @ / \ ; : are valid.
DN0033	Postal Code of Injury Site	028	Must Be Numeric 0 - 9	If DN0013 is not a US value, then Edit 030 applies.
DN0033	Postal Code of Injury Site	030	Must Be Alpha-Numeric	If DN0013 is a US value, then Edit 028 applies.
DN0033	Postal Code of Injury Site	058	(0 - 9, A-Z)	If (DN0022) is "KS" then Postal Code must have 5 or 9 positions populated and be a valid KS postal code. Edit, else if Canada 6 positions, else do not edit.
DN0042	Social Security Number	058	Code / ID Invalid	blank
DN0043	Employee Last Name	058	Code / ID Invalid	0-9 A/N ' , . # ( ) - & ! @ / \ ; : are valid.
DN0044	Employee First Name	058	Code / ID Invalid	0-9 A/N ' , . # ( ) - & ! @ / \ ; : are valid.
DN0050	Employee Postal Code	028	Must Be Numeric 0 - 9	If DN0013 is not a US value, then Edit 030 applies.
DN0050	Employee Postal Code	030	Must Be Alpha-Numeric	If DN0013 is a US value, then Edit 028 applies.
DN0050	Employee Postal Code	058	(0 - 9, A-Z)	If DN0013 is a US value then Postal Code must have 5 or 9 positions populated; else if Canada 6 positions, else do not edit.

SROI

DN#	Data Element name	EDIT #	Edit Message	Edit Comment
DN0006	Insurer FEIN	058	Code / ID Invalid	A valid FEIN requires that all 9 positions are populated.
DN0008	Third Party Administrator FEIN	058	Code / ID Invalid	A valid FEIN requires that all 9 positions are populated.
DN0014	Claim Administrator Postal Zip	058	Code / ID Invalid	If DN0013 is a US Value then Postal Code must have 5 or 9 positions populated; else if Canada 6 positions, else do not edit.
DN0083	Permanent Impairment Body Part Code	058	Code / ID Invalid	**Must = "99"; compute KS impairment ratings on whole body only**

IAIABC Release 1 Header, Trailer, and Acknowledgement Records

IAIABC RELEASE 1 HEADER RECORD (HD1)				POSITIONS	
IAIABC GROUPING	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	BEG	END
TRANSACTION	0001	Transaction Set ID	3 A/N	1	3
	0098	Sender ID	25 A/N	4	28
		Sender FEIN	9 A/N		
		Filler	7 A/N		
		Sender Postal Code	9 A/N		
	0099	Receiver ID	25 A/N	29	53
		Receiver FEIN	9 A/N		
		Filler	7 A/N		
		Receiver Postal Code	9 A/N		
	0100	Date Transmission Sent	Date	54	61
	0101	Time Transmission Sent	Time	62	67
	0102	Original Transmission Date	Date	68	75
	0103	Original Transmission Time	Time	76	81
	0104	Test/Production Indicator	1 A/N	82	82
	0105	Interchange Version ID	5 A/N	83	87
		Transmission Type Code	3 A/N		
		Release Number	2 A/N		

IAIABC RELEASE 1 TRAILER RECORD (TR1)				POSITIONS	
IAIABC GROUPING	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	BEG	END
TRANSACTION	0001	Transaction Set ID	3 A/N	1	3
	0106	Detail Record Count	9 N	4	12

IAIABC Release 1 Header, Trailer, and Acknowledgement Records (contin.)

IAIABC RELEASE 1 ACKNOWLEDGMENT RECORD (AK1)				POSITIONS	
IAIABC *GROUPING*	*IAIABC* *DN*	*IAIABC* *DATA ELEMENT NAME*	*IAIABC* *FORMAT*	*BEG*	*END*
TRANSACTION	0001	Transaction Set ID	3 A/N	1	3
	0107	Record Sequence Number	9 N	4	12
	0108	Date Processed	Date	13	20
	0109	Time Processed	Time	21	26
	0006	Insurer FEIN	9 A/N	27	35
	0014	Claim Administrator Postal Code	9 A/N	36	44
	0008	Third Party Administrator Fein	9 A/N	45	53
	0110	Acknowledgement Transaction Set ID	3 A/N	54	56
	0111	Application Acknowledgment Code	2 A/N	57	58
	0028	Insured Report Number	25 A/N	59	83
	0015	Claim Administrator Claim Number	25 A/N	84	108
	0005	Agency Claim Number	25 A/N	109	133
	0002	Maintenance Type Code	2 A/N	134	135
	0003	Maintenance Type Date	Date	136	143
	0112	Request Code (Purpose)	3 A/N	144	146
	0113	Free Form Text	60 A/N	147	206
	0114	Number of Errors	2 N	207	208
Variable Segment					
Error Code		Error Code Occurs Number of Error Times			
	0115	Element Number	4 N	209	212
	0116	Element Error Number	3 N	213	215
	0117	Variable Segment Number	2 N	216	217

Match Data Routine

IAIABC Match Data	KDWC Match Data & Process		
	FROI W/O Agency Claim #	*FROI W/Agency Claim #*	*All SROIs*
DN42 Employee ID (SSN)	**Primary**	Secondary	Secondary
DN52 Employee Date of Birth	*Third*	*Third*	
DN44 Employee First Name			
DN43 Employee Last Name	*Third*	*Third*	
DN31 Date of Injury	**Primary**	Secondary	Secondary
DN05 Agency Claim Number		**Primary**	**Primary**
DN15 Claim Administrator Claim Number	**Primary**	**Primary**	**Primary**
DN06 Insurer FEIN	Secondary	Secondary	Secondary
DN08 Claim Administrator FEIN (TPA FEIN)	Secondary	Secondary	Secondary
Non-IAIABC Match Data			
DN32 Time of Injury	*Third*	*Third*	
DN16 Employer FEIN	Secondary	Secondary	

KDWC FROI and SROI Match Routine

Begin:

If FROI without Agency Claim Number begin Match:
Primary:
☐ Claim Administrator Claim Number (it's the primary, unique ID on First Reports)
☐ Match "SSN" and "DOI" to verify Match or identify duplicates
☐ If Duplicate then perform Secondary Match:

Secondary Match on:
☐ FROI Employer FEIN (A claim could be filed by two companies - Lessee/Lessor or Contractor/Subcontractor.)
☐ All - Insurer FEIN (A claim could be filed by the wrong insurer- coverage not determined at time of filing.)
☐ All - TPA FEIN (This will gain importance as parts of a claim may be handled by different Claim Administrators and will affect processing of the Jurisdiction claim data.)

> Note: A successful match requires 2 of the Primary and Secondary Match DNs to match, if there are no duplicate claims. Non-Matching match data will trigger a "TE."

> If Duplicate, go to Third Level: If any one of three -"Time of Injury," "Date of Birth," or "Employee Last Name" - are different, accept report; else return.]

Report Process (in this order)**:**
☐ If Duplicate after secondary match, report duplicates and resolve manually; go to Next Claim
☐ If FROI Original or Denial or Acquired Unallocated and No Match on DB, Add Claim
☐ If on DB, apply Transaction Sequence Rules and Reject or process accordingly
☐ If out of sequence or not Original or Acquired Unallocated and No Match, Reject report
☐ If Change Transaction, overwrite the changed ID and other claim data
☐ If Claim Match successful but Match Data in error, TE Data Element
☐ End; Go to Next-Claim

If FROI with Agency Claim Number begin Match: [FROI such as Cancel, Denial, AU]
Primary:
☐ Agency Claim Number (is the state's primary Unique ID)
☐ Claim Administrator Claim Number
☐ If Duplicate, Perform Secondary & Third Match else Report Process
☐ Match "SSN" and "DOI" to verify Match or Identify duplicates as part of secondary match process

If SROI (all must have Agency Claim Number) begin Match
Primary:
☐ Agency Claim Number (is the state's primary Unique ID)
☐ Claim Administrator Claim Number
☐ If Duplicate, perform Secondary; else Report Process
☐ Match "SSN" and "DOI" to verify Match or Identify duplicates as part of secondary match process
☐ No third-level match process for SROI reports

Reporting Process Functions and Options

A comparison of the KDWC EDI Requirements with your manual and computer system processes may identify both manual and technical deficiencies. The previous section provided the KDWC requirements. This section depicts the State EDI Reporting Processes at a high level. It is followed by a section of EDI Products that may be built in-house or acquired commercially. The objective of this section is to increase your awareness of the process and potential solutions. It should be used in conjunction with your organization's formal project development plan.

The State EDI Reporting Process includes:
- Managing State Reporting Requirements.
- Capturing State Report Data.
- Editing for Data Content and Quality.
- Translating Data into or from IAIABC or ANSI Formats.
- Managing Communications (Report Transmissions).
- Managing Acknowledgements, Replacement Reports, and Corrections.

Manage State Reporting Requirements

State Reporting has typically been performed through the combined efforts of the Claim Adjuster and Administration staff. EDI reporting provides the potential to replace Claim Adjuster report monitoring by an automated process based on claim system data or claim adjuster actions. The receipt of Acknowledgements can initiate computer or claim adjuster responses. The level of sophistication can range greatly between administrator processes.

Capture State Report Data

A common dilemma for Claim Administrators is the capture and electronic storage of data required by State's implementing EDI Reports. Although creating national standard data elements simplifies claims administrator and state reporting, there is often a void between a State's reporting data requirements and data available through the claim administrator's claim handling computer system.

How do you resolve the difference? If the missing data falls within the category of "Optional," no immediate fix may be required. If the missing data involves "Conditional" or "Mandatory" data, an immediate solution is in order.

Missing data solutions vary and are dependent on several factors, such as claim volume, age and flexibility of your claim handling computer system, as well as priority of other business objectives and projects. Solutions fall into three basic categories:
1. Modify your claim handling computer system and claim process to capture the missing data.
2. Supplement your claim handling computer system with an additional data entry and storage application for the missing data.
3. Use a combination of computer system and manually captured data sources.

Data Entry Products

A Data Entry Product is a software product that augments an existing claim handling system. Such systems usually contain the generic state reporting standard data and provide the capability to apply a state's report and data requirements. These products import data from the Claim Administrator's system and allow one or more staff to enter the missing Mandatory, Conditional, or Optional data. Complexity of this application, cost, number of states to be implemented, and frequency of requirement changes should be considered as part of a make/buy decision.

KDWC has provided an Internet data entry solution recommended for claim administrators with less than 100 Kansas reportable claims annually.

An important aspect of the KDWC EDI State Reporting implementation is to improve the data quality of the Reports KDWC receives. Attaining and sustaining "Production" status and avoiding possible fines requires (see Fines and Penalties) maintaining KDWC Data Quality minimum requirements. All KDWC reports should be edited and corrected prior to submission to KDWC.

Data Content and Quality Editing Products

A data content and quality editing product is a software product that edits Claim Administrator state report data against a state's requirements. Such systems usually contain specific edits for state reporting data content and business requirements. Data entry and data content and quality editing features are often found in the same product.

Translate Data into or from IAIABC or ANSI formats

Claim Administrator Systems data is usually stored in a proprietary format that is not readily exchangeable between organizations. Translation to specific technical data requirements and structuring the data in a standard format such as IAIABC flat file or ANSI X12 148 transactions is required to make the report easily received and processed by others.

Translator Products

A translator is a software product that converts data from one format to another. It may serve the purpose of converting proprietary claim administrator computer system data into either IAIABC Flat File or ANSI X12 transactions. Conversely, it is used to convert IAIABC Flat File and ANSI Transactions into proprietary claim administrator computer system data.

Translators typically contain the capability to process one or more sets of related transactions. For example, a translator will typically do all the Workers Compensation transactions. Some may also include the ability to do health care, purchase orders, etc. They typically include the ability to recognize versions of a transaction. For example, a translator may meet IAIABC Release 1 and Release 3 requirements. To achieve these capabilities, the user is required to "map" their computer system data names to the desired IAIABC or ANSI transactions.

Translators vary greatly in capability and the platforms on which they run. Some require a mainframe environment while others only require personal computer (PC) capabilities. Claim Administrators with large mainframe claim management applications have effectively used a PC translator to satisfy multiple state EDI reporting. Translators often combine communication capabilities for processing internal or external sources of data. In-house technical staff will be required to install and operate a translator.

Manage Communications/Transmissions

Success of State EDI Reporting is dependent on the technical ability to pass data between organizations. Data transfer may occur directly between organizations or through intermediaries. Data transfer interruptions may occur and data could be lost.

This process includes:

- Managing trading Partner electronic addresses

- Scheduling transmission sends and receives (24 hours a day)

- Recording the success or failure of each attempted send and receive

- Backing up transmission data for a specific period follows a successful send or receive.

This process is a combination of automated software applications and technical operator review of daily transmission results and intervention to identify technical difficulties or reinitiate transmission or recovery operations.

Communications Management Products

These products consist of software and hardware components. The software component is used to manage the movement of the data and to operate the associated communications hardware. These products are likely to have certain limitations. Applications and sophistication of the software/hardware may vary greatly.

VANs

A Value Added Network (VAN) is a facility used to exchange electronic files between organizations. A VAN can be viewed as a huge community "hard drive" that contains separate storage (Mail Boxes) for its subscribers. It provides a place for the Claim Administrator to send State Reports to and a place to pick up acknowledgements from the states. Such facilities run 24 hours a day and provide "Federal Quality" data security, reliable backup and reliable data transfer with communication level acknowledgement. It relieves each subscriber from considerable hardware, software, and personnel investments and virtually extends your organization's hours of operation. Unless EDI Volume is very large, or an Organization has excess capacity, VANs probably provide a significant cost advantage.

Some protocol differences exist between the major VANS, but once established, VANs provide expansive connectivity to States and Claim Administrators, Employers, and Medical Providers.

E-Mail Address

With the proliferation of Internet Access and E-mail accounts, E-mail could be used to pass attached files (IAIABC or ANSI) much like a VAN stores EDI transmissions. This usage in a State Reporting context is relatively new and feedback on its success is limited. Possible concerns with sending State Reports via E-mail are file capacity limits, data security, and lack of communication acknowledgements. When used between two trading partners, such as a Claim Administrator and Vendor it may be a very viable solution. An experienced EDI Vendor providing connectivity to KDWC may include this type of communication between your organization and the Vendor. **At present, KDWC will not accept EDI claims transactions via e-mail.**

Manage Acknowledgements, Replacement Reports, and Corrections

EDI is the reciprocal transfer of data between organizations. In State Reporting, the state responds to each submitted report with an acknowledgement that the report was accepted, accepted with errors, or rejected. It is the responsibility of the claim administrator to replace rejected reports with acceptable reports and correct data on reports accepted with errors. **A rejected report is not considered filed until it has been corrected, retransmitted, and accepted with or without errors.** Whereas some reports require the prior acceptance of another report, failure to replace rejected reports can cause other reports to be rejected and therefore to be late. This process involves review of state Acknowledgements one or more times a day, to initiate correction. Failure to receive an acknowledgement of acceptance may be used to stop additional reports on that claim until corrections are made.

Manage Acknowledgements, Replacement Reports, and Corrections Products

This functionality may be built as an in-house product or acquired commercially. This function is typically a feature within a multi-feature product.

Submitting Options to Consider

A review of the KDWC Reporting Requirements and your current capabilities is a prerequisite to evaluating the various solutions presented below. Products range from specific EDI functions to integration with your existing system to meet all your state EDI reporting requirements. Make/buy cost comparison, frequency of reporting criteria changes, maintenance, and available lead-times are a few of the criteria that you should evaluate. The viability of any of these product types depends on your specific needs. This IG and the options presented in it should be part of a formal process that includes management, claim, and technical staff participation.

Workers Compensation EDI Reporting Products

State Reporting Products vary and may include several to all of the following features:

- Managing State Reporting Requirements.

- Capturing State Report Data.

- Editing for Data Content and Quality.

- Translating Data into or from IAIABC or ANSI formats.

- Managing Communications (report transmissions).

- Managing acknowledgements, replacement reports, and corrections.

Stand Alone and Server-Based Workers Compensation EDI Reporting Products

Workers Compensation EDI reporting products are available in stand-alone and server-based versions. A stand-alone version is a single workstation that can be used to process the entire organization's state reports. A server-based system allows multiple users so that EDI state reporting data entry or management can be distributed to many workstations. Claim volume or number of locations, and whether the claims system is centralized or distributed may affect the type and number of EDI products needed. These solutions are probably best suited for moderate to high volume claim systems. These services may include or specify a VAN or other communication method as part of the process.

These systems can be used by employers to report to claim administrators or for claim administrators to report to states.

Web-based Data Entry & EDI Reporting Services

Web-based worker's compensation products allow an organization to meet its reporting requirements through totally external processes. With this type of product, a designated claim person signs on to a web site application, selects a state or claim administrator, and enters the data for the claim. The user would log on later to receive the acknowledgement that the claim was accepted, accepted with errors, or rejected and respond accordingly. Because this process requires manual data entry and does not allow for loading data directly from a claim system process, it is probably best suited to low volume users. Expect the unit per claim charge to be higher than high volume solutions but this option requires little commitment or investment.

These systems can be used by employers to report to claim administrators or for claim administrators to report to States.

Claim EDI Reporting Services

Several claim administrators have created or contracted with claim reporting services. These services may accept claims reported by telephone, fax, or E-mail. When they serve as your EDI submitter, they will perform the equivalent of the EDI reporting features 1 through 6 noted above. The details of each service should be worked out with that particular vendor.

These systems can be used by employers to report to claim administrators or for claim administrators to report to States.

In-house Vs. Vendor Products and Services

Implementing EDI is a complex process. EDI knowledge and experience is of major value and consideration to avoid the major pitfalls associated with developing and implementing EDI. Most EDI implementations are a combination of in-house and EDI vendor products and services. Consider both short term and long term EDI Objectives. Your success will depend on knowing which to use for what purpose.

The involvement of vendors may simplify and reduce the analysis effort required by claim administrators and ultimately lower implementation and operation costs. Many products include specialized automated routines that require in-depth knowledge of EDI standards, protocols, and each state's requirements. Off-the-shelf products may avoid consuming talents from high priority projects, cost less, and be available in the time allowed. Dedicated services and products may allow your organization to focus on providing claim services instead of EDI reporting.

Each organization should analyze its capabilities, weaknesses, and Plan of Operation to decide upon the best mix of in-house and vendor services. Questions to consider when choosing an EDI Vendor Product or Service:

- Are they an experienced IAIABC standards vendor?
- How much IAIABC participation and knowledge of the EDI standards do they have?
- How much EDI experience and knowledge do they have?
- How much workers compensation experience and knowledge do they have?
- Are they in EDI production and in how many states?
- Do they have a strong client base?
- Do they provide dedicated customer & technical support?
- Do they provide EDI and software training?
- What experience do they have with the IAIABC flat files and ASC (ANSI) X12 record layouts?
- Are they committed to quality assurance in data submission and software testing?
- Are they financially secure?
- How do their clients evaluate their products and services?

What can an Experienced EDI Vendor or Service Provider do for you?

There are EDI Vendors experienced with the IAIABC standards that can provide EDI software packages, web based claim-reporting services, paper processing to EDI Services, value added networks (VANs) service, Internet services and EDI consulting services. The IAIABC can provide a list of vendors that are experienced in EDI technology and workers' compensation requirements. In addition, the Department of Labor, Workers Compensation web site (see EDI Project) lists approved vendors currently in EDI production status in Kansas.

Some of the Services and Products Vendors can Provide Include (but are not limited to):

- Software to submit data electronically

- Data editing prior to transmission to the state

- Return acknowledgement processing

- Management tools and reports to ensure quality data is reported to the state

- Web-based claim form submission

- Liaison between the carrier/trading partner and the state

- Training and orientation in EDI, state requirements, software, etc

- Help with EDI testing and implementation

- Provide business and technical support

- Consulting services, analysis of your needs and system requirements

- See the KDWC web site for a list of EDI vendors

NOTE: KDWC does not recommend or advise against the products or services of any vendor. KDWC suggests that EDI participants carefully review experienced vendor products and claims as well as contacting customers and other participants to benefit from their experience.

KDWC EDI Trading Partner Process

The usual steps to becoming a KDWC Trading Partner are provided in this section. Some of these steps involve tasks that have been explained in prior sections and are offered here as reminders.

Your business environment may dictate you take supplemental steps to those being suggested below. Or, you may find it unnecessary to repeat some of these steps to become a trading partner with KDWC. We do, however, emphasize that Kansas does require that you formally comply with Steps 1, 5, 6, and 8 listed below.

Instructions for completing the referenced forms are provided in the related sections. If, after reviewing the steps you would like to discuss them further, please call the KDWC EDI Test Coordinator at (256) 704-2021.

1. Contact the IAIABC/Purchase the IAIABC EDI Release I Implementation Guide

A clear understanding of the IAIABC EDI Release 1 definitions and standards is required to be a successful EDI Trading Partner in Kansas. Visit their web site http:\\www.iaiabc.org, or call them at (608) 608-6355 to obtain a copy of their Implementation Guide and other publications that may assist you in implementing Kansas EDI requirements.

Kansas Division of Workers Compensation EDI Implementation Guide (this Guide) provides supplemental, Kansas-specific, information to that provided in the IAIABC EDI Release I Implementation Guide.

2. Appoint an EDI Coordinator

The KDWC EDI coordinator will expect the completed EDI Trading Partner Agreement and the Claim Administrator EDI Profile before the test plan can be finalized. Copies of the Trading Partner Agreement and Profile forms are available on the following pages and from the Kansas web site. Send the completed forms to the KDWC EDI Coordinator immediately even if you plan to test at a later date so that the KDWC EDI Coordinator can reserve an appropriate place for you in the testing and implementation schedule.

Once the Trading Partner Agreement and Profile have been received, the Kansas EDI Coordinator will contact you to develop and agree upon a testing and implementation plan and schedule. During this initial contact, the Kansas EDI Test Coordinator will ask for the name and contact information for your EDI Implementation Coordinator if that information has not already been received from you. Our expectation is that your EDI Implementation Coordinator will be a person knowledgeable about

- Your source data,
- How to retrieve it,
- Your business process and systems that support it,
- And be empowered to speak on behalf of your organization.

KDWC expects continuing implementation contacts will be handled through your EDI Implementation Coordinator.

We recommend that your EDI Implementation Coordinator attend all KDWC informational meetings, become involved in the IAIABC EDI committees, and other organizations that will assist your company in becoming knowledgeable in the EDI standard processes. KDWC does not endorse nor will we financially assist you in any of these endeavors. These are suggestions and recommendations that you may find helpful.

3. Review Kansas EDI Data Requirements and Claim Events that Require Reporting

Refer to Steps to Implement EDI and review the Report and Data Requirements and EDI Reports and Related Events sections. From your review of this detail section your EDI Implementation Coordinator will have a list of data elements (which use the IAIABC name and numbers defined in the <u>IAIABC Release 1 Implementation Guide</u>) and the business events or situations that trigger specific EDI transaction to be filed with KDWC.

4. Examine your Kansas WC Business Processes to Determine how Kansas EDI Requirements Fit with them

Review how the data elements KDWC requires on its EDI reports are:

- Captured in your claim data source system.
- How you will supplement your system's data capture routines.
- How you will build the EDI transactions for the transmission communication methods you will use to send those transactions to KDWC.

5. Complete and Return the Kansas EDI Trading Partner Agreement

KDWC requires that the Trading Partner Agreement form be completed by the business entity that is the source for the claim data. The source is usually the Claim Administrator handling the claim but the source may be the insurance carrier or a self-insured or non-insured if a Third Party Administrator is handling the claim on their behalf. Complete the Trading Partner Agreement **immediately** and send the Agreement to the Kansas EDI Test Coordinator (either via fax or e-mail).

A sample Agreement form follows on the next page for illustrative purposes only. Note that it portrays a partnership agreement between KDWC and a fictitious carrier. A blank KDWC EDI Trading Partner Agreement for your use is included following the illustrative sample. You may remove it from the Guide or you may photocopy it from the Guide and use the photocopy. Or, a blank form can be downloaded from the KDWC web site, printed and used for the same purpose. If the KDWC EDI Test Coordinator has not received a signed and dated Agreement two weeks prior to your mandatory scheduled test date the Test Coordinator will contact you to determine the status of your Trading Partner Agreement.

KDWC EDI Project Agreement Example

KANSAS DIVISION OF WORKERS COMPENSATION ELECTRONIC DATA INTERCHANGE (EDI) PROJECT AGREEMENT

This is an agreement between the parties named below to use Electronic Data Interchange (EDI) technologies and techniques for the purpose(s) and objective(s) set out below or as amended from time to time in writing by mutual agreement and such further purposes and objectives as the parties may agree in writing from time to time with reference to this Agreement.

1. **Parties.** The parties to this agreement are: Kansas Division of Workers Compensation (hereafter KDWC); and The ABC Insurance Company of Topeka, Kansas_ (Partner Company) and all other companies within the (Partner Company) authorized to write WC insurance or provide insurance related services (hereafter Reporter).

2. **Purpose.** Reporter is either required to file or may be allowed by law or regulation to file for itself or on behalf of customers or clients a First Report of Injury and Subsequent Report of Injury to the KDWC. The Objective is to initiate, implement, and maintain First Reports of Injury and Subsequent Reports of Injury through electronic filing.

3. Both agree that the Objective is lawful and performance hereunder shall be deemed complete performance of the parties' obligations under any law or regulation governing the Objective. This document shall be deemed to fulfill any requirement on the part of the Reporter to apply to KDWC or any related governmental entity for permission to file information electronically.

4. Exhibit A, annexed and incorporated in this Agreement, sets forth the following mutually agreed elements of the arrangement between the parties.

   1. The schedule form, including data element definitions, and format of the data transmissions from the Reporter, including original submissions and corrections or resubmissions as needed (data transmissions).

   2. The test and implementation plan and schedule under which the parties will prepare to send and receive data from each other.

   3. The schedule, form, including data element definitions, and format of data transmissions from the KDWC, including acknowledgments, notices of error or notices of acceptance as applicable (data transmissions).

   4. The Value Added Network (VAN) or other data transport vendor or method that will be used to transmit and receive data transmissions.

   5. The allocation of data transmission costs between the parties.

5. Each party shall retain the content of data transmissions in confidence to the extent required by law.

Agreed this 12th day of June 2003 for the parties by their duly authorized or lawfully empowered representatives.

J. Paul Jones	*P.T. Administrator*
(signature)	(signature)
J. Paul Jones	P.T. Administrator
(name)	(name)
Branch Claim Manager	Director
(title)	(title)
ABC Insurance Company of Topeka, KS	Kansas Division of Workers' compensation

KANSAS Division of Workers' Compensation [Exhibit A]

A.1.   The Reporter and KDWC agree to use the national EDI standards for First and Subsequent Reports of Injury, Release I, established by the International Association of Industrial Accident Boards and Commissions, in any available format (i.e. flat file or ANSI X12).

B.1.   The Project will commence with the transmission of the version of the First Report Injury defined per paragraph C3 below on __July 1, 2002_____. During the testing phase, the Reporter will be required to file paper forms in addition to the electronic transmission of records. Once the testing requirements are met, the Reporter will no longer be required to file paper forms or the OCC format with the KDWC. If the Reporter's customers are required to file a paper copy of the First Report, the KDWC agrees to waive the requirement for all reports made to the KDWC by the Reporter on behalf of its customers.

B.2.   The parties will perform a test of the reporting system. The test will determine whether the transmission mechanism is acceptable. Acceptance will occur when the parties agree that 85% of all electronic first reports (a) meet or pass all technical requirements for the test period, which shall be no longer than four (4) consecutive weeks. The term of the test will not exceed 90 days unless an extension is agreed to between the parties.

C.1.   The format of data elements and definitions will conform to the International Association of Industrial Accident Boards and Commissions (I.A.I.A.B.C.) data dictionary as it is today and as amended from time to time and approved by the I.A.I.A.B.C. or as otherwise agreed between the parties in writing.

C.2.   The transmission of data will occur on <u>Tuesday</u> of each week from the Reporter or as otherwise agreed and will be received by the KDWC within the following business week.

C.3.   The data elements for the First and Subsequent Reports and their priority are found on the attached trading partner table. (Attachment 1) Additional tables for other reports and forms can become part of this agreement by mutual agreement between the parties.

C.4.   Any error in transmission will be timely identified by the KDWC, but not greater than five (5) business days.

D.1.   Transmission will be accomplished via the Value Added Network (VAN) or web or other transmission method as agreed between the parties from time to time.

E.1.   The Reporter shall pay transmission cost for all reports being sent to the KDWC. KDWC shall not bear the costs of any transmissions to the Reporter; Reporter shall pay transmission costs for all reports sent by KDWC to the Reporter.

Trading Partner Agreement

KANSAS ELECTRONIC DATA INTERCHANGE (EDI) PROJECT AGREEMENT

This is an agreement between the parties named below to use Electronic Data Interchange (EDI) technologies and techniques for the purpose(s) and objective(s) set out below or as amended from time to time n writing by mutual agreement and such further purposes and objectives as the parties may agree in writing from time to time with reference to this Agreement.

1. **Parties.** The parties to this agreement are: Kansas Division of Workers' Compensation (hereafter KDWC); and _____ (Partner Company) and all other companies within the (Partner Company) authorized to write WC insurance or provide insurance related services (hereafter Reporter).

2. **Purpose.** Reporter is either required to file or may be allowed by law or regulation to file for itself or on behalf of customers or clients a First Report of Injury and Subsequent Report of Injury to the KDWC. The Objective is to initiate, implement and maintain First Report of Injury and Subsequent Report of Injury through electronic filing.

3. Both agree that the Objective is lawful and performance hereunder shall be deemed complete performance of the parties' obligations under any law or regulation governing the Objective. This document shall be deemed to fulfill any requirement on the part of the Reporter to apply to KDWC or any related governmental entity for permission to file information electronically.

4. Exhibit A, annexed and incorporated in this Agreement, sets forth the following mutually agreed elements of the arrangement between the parties.

   1. The schedule form, including data element definitions, and format of the data transmissions from the Reporter, including original submissions and corrections or re-submissions as needed (data transmissions).
   2. The test and implementation plan and schedule under which the parties will prepare to send and receive data from each other.
   3. The schedule, form, including data element definitions, and format of data transmissions from the KDWC, including acknowledgments, notices of error or notices of acceptance as applicable (data transmissions).
   4. The Value Added Network (VAN) or other data transport method or carrier that will be used to transmit and receive data transmissions.
   5. The allocation of data transmission costs between the parties.

5. Each party shall retain the content of data transmissions in confidence to the extent required by law.

Agreed this _____ day of _____ 200_ for the parties by their duly authorized or lawfully empowered representatives.

_____
(signature)

_____
(name)

_____
(title)

_____
(signature)

_____
(name)

_____
(title)
 Kansas Division of Workers' Compensation

KANSAS Division of Workers' Compensation [Exhibit A]

A.1.   The Reporter and KDWC agree to use the national EDI standards for First and Subsequent Reports of Injury, Release I, established by the International Association of Industrial Accident Boards and Commissions, in any available format (i.e. flat file or ANSI X12).

B.1.   The Project will commence with the transmission of the version of the First Report Injury defined per paragraph C3 below on _____. During the testing phase, the Reporter will be required to file paper forms in addition to the electronic transmission of records. Once the testing requirements are met, the Reporter will no longer be required to file paper forms with the KDWC. If the Reporter's customers are required to file a paper copy of the First Report, the KDWC agrees to waive the requirement for all reports made to the KDWC by the Reporter on behalf of its customers.

B.2.   The parties will perform a test of the reporting system. The test will determine whether the transmission mechanism is acceptable. Acceptance will occur when the parties agree that 85% of all electronic first reports (a) meet or pass all technical requirements for the test period, which shall be no longer than four (4) consecutive weeks. The term of the test will not exceed 90 days unless an extension is agreed to between the parties.

C.1.   The format of data elements and definitions will conform to the International Association of Industrial Accident Boards and Commissions (I.A.I.A.B.C.) data dictionary as it is today and as amended from time to time and approved by the I.A.I.A.B.C. or as otherwise agreed between the parties in writing.

C.2.   The transmission of data will occur on _____ of each week from the Reporter or as otherwise agreed and will be received by the KDWC within the following business week.

C.3.   The data elements for the First and Subsequent Reports and their priority are found on the attached trading partner table. (Attachment 1) Additional tables for other reports and forms can become part of this agreement by mutual agreement between the parties.

C.4.   Any error in transmission will be timely identified by the KDWC, but not greater than five (5) business days.

D.1.   Transmission will be accomplished via the Value Added Network (VAN) or web as agreed between the parties from time to time.

E.1.   The Reporter shall pay transmission cost for all reports being sent to the KDWC. KDWC shall not bear the costs of any transmissions to the Reporter; Reporter shall pay transmission costs for all reports sent by KDWC to the Reporter.

6. Complete and Return the Sender's Trading Partner Profile

The sender of the EDI transaction is required to complete the Trading Partner Profile. The sender may or may not be the same business entity that is the source or owner of the data, otherwise referred to as the data Reporter. The sender may be the Third Party Administrator or the sender may be the insurance carrier or the self-insured, self-administered employer. However, the data Reporter must advise the KDWC EDI Coordinator of the name and contact information for the sender of the data if the sender is other than the Reporter who signed the Trading Partner Agreement forms (see #6 above).

The Sender ID (identification) is required on the Trading Partner Profile. A Sender ID is composed of the sender's Master FEIN and physical address postal code. A separate Trading Partner Agreement form for each Sender ID is required.

For example: One Trading Partner Profile is required if a sender is forwarding the EDI information for more than one company, from its same location (postal code). The sender may choose which FEIN it designates as the master FEIN.

Multiple Trading Partner Profiles are required if a sender has more than one location (postal code) from which it will be forwarding data. A separate Trading Partner Profile is required for each unique FEIN/location (postal code) originating data transfers.

Further, if one company has a centralized computer location from which it is sending data for more than one claim office then only one Sender Trading Partner Profile is required (all data transfers are originating from the same FEIN and location). However, if one company is sending data from many different offices each originating a data transfer from its decentralized computers, then separate profiles are required for each sender location even though all are for the same company. In summary, the administrator or organization acting on behalf of the administrator (to compile, transmit, and correct reports required by KDWC) must complete this form as part of the pre-implementation requirements.

The Trading Partner Profile form follows on the next page. You may copy the form from the Guide or you may download a copy of the form from the KDWC web site. Complete the copy of the form and send it to the KDWC EDI Test Coordinator. Detail instructions for completing the form follow the pages with the blank form.

Kansas Trading Partner Profile Application and Confirmation Form

Form Data Entry Requirements: (M) Mandatory (C) Conditional (O) Optional

Purpose: **[ ] Submit** **[ ] Change** **[ ] Delete** **Trading Partner**

A. (M) Trading Partner Name: _____
B. (M) Trading Partner Type: [ ] Insurer [ ] Third Party Administrator
                                              [ ] Self Insured Self Administrated

C. (M) In Production Status with other   IAIABC State(s):   [ ] No [ ] Yes
D. (M) Plan to use Kansas Web Claim Data Entry Option   [ ] No [ ] Yes
     (C) If yes ,anticipated annual claim volume: (C) Qualifying Reason: _____
E. Trading Partner (Sender) ID   1. (M) FEIN: _____
                                       2. (O) TP 3 digit ID (If allowed by State): _____
                                       3. (M) Postal Code: _____
F. Trading Partner Physical Address   1. (M) Street Address: _____
                                       2. (M) City: _____
                                       3. (M) State: _____
                                       4. (M) Postal Code: _____
G. Trading Partner Mailing Address   1. (O) Street Address: _____
    (If Different)
                                       2. (O) City: _____
                                       3. (O) State: _____
                                       4. (O) Postal Code: _____
H. EDI Business Contact Info.   1. (M) Name: _____
                                       2. (M) Title: _____
                                       3. (M) Phone: _____
                                       4. (M) E-mail Address
                                          (preferred): _____
                                          or Fax) Fax: _____

Complete Section I if using a vendor's data entry service or web data entry EDI solution and skip J & K.
I. Vendor Information   1. (M) Vendor Name: _____
                                       2. (M) Vendor Contact Name: _____
                                       3. (M) Vendor Contact Phone Number: ___
                                       4. (O) Vendor Contact E-mail Address: ___

Complete Section J if your Information Technology Staff operates your EDI system, or Imports or Exports Transactions to Client State.
J. EDI Trading Partner's Information   1. (M) Name:
    Technology Contact Information
                                         2. (M) Title: _____
                                       3. (M) Phone: _____
                                       4. (M) E-mail (preferred): _____
                                       or Fax: _____

Complete Section K if your organization controls the File Type or Network used.
K. EDI Communication Information   1. (M) EDI File Type: IAIABC Flat File R1 [ ] R2 [ ] R3 [ ]
                                                    ANSI 148/824 Version (3041) [ ] TBD [ ]
                                       2. (M) Network: [ ] AT&T
                                                        [ ] Transmitter
                                                        [ ] Advantis   Mailbox ID: _____
                                                                      Account ID _____
                                                                      Message Class: _____

KDWC Trading Partner Information

A. Trading Partner: Kansas Division of Workers' Compensation

B. EDI Requirements:
   1. Implementation Requirements

   Release 1 Optional EDI Implementation Date: ___/___/___

   Release 1 Mandatory EDI Implementation Date: ___/___/___

   Release II Optional EDI Implementation Date: None at this time

   Release II Mandatory EDI Implementation Date: None at this time

   2. File Format Requirements

      1. IAIABC R1 Flat Files
         Record Delimiter: carriage return line feed

      2. ANSI 148 & 824 Version (3041)
         Segment Terminator: ~
         ISA T/P Information: Test/Production
         Data Element Separator: *
         Sub Element Separator: >
         ID: Use Master FEIN + extension if needed
         Acknowledge 824 Transmissions?   Yes
         Acknowledge 997 Transmissions?   Yes

C. Communication Information

   1. KDWC (RECEIVER) ID:

      FEIN: 486029925
      Filler: Blank
      Postal Code: 666121227

   2. Network: (Use one of the following)

      AT&T:
         Mailbox ID: f1kswc01
      Transmitter: KS
         User ID:
      Advantis
         Mailbox ID: WCST034
         Message Class: N/A
         Account ID: WCST

D. Business Contact Information

   1. Business Contact Name: David Sprick

   2. Business Contact Address: 800 SW Jackson Suite 600
                                      Topeka, KS 66612-1227
   3. Business Contact Phone Number: 785.296.4120
   4. Business Contact E-mail Address: david.sprick@dol.ks.gov
   5. Business Contact Fax: 785.296.0839

E. EDI Coordinator & Technical Contact Information

   1. IT Contact Name: Sharon Marion

   2. IT Contact Phone Number: 256.704.20.21
   3. IT Contact E-mail Address: ks_edi@claimsharbor.com
   4. IT Contact Fax Number: 413.845.8238

Instructions for Completing the Kansas Trading Partner Profile Application and Confirmation Form

Each Sender completes Kansas Trading Partner Profile Application and Confirmation Form parts A through K. The KDWC Trading Partner Information section provides Receiver information which your vendor or organization will require to submit claim reports to and receive acknowledgements from KDWC. You may use a copy of this form from the KDWC IG or obtain a copy preprinted from the KDWC web site. The completed form is to be faxed or e-mailed to the KDWC EDI Coordinator.

TRADING PARTNER PROFILE APPLICATION AND CONFIRMATION FORM (SENDER'S) INFORMATION:

Purpose: Check one: Submit, Change, or Delete.

Check **Submit** to establish your KDWC account, which is required of all KDWC Trading Partners.

Check **Change** to revise any previously submitted contact information or vital processing information such as Trading Partner ID, Vendor, Van, File Type, etc.

Check **Delete** to terminate a Trading Partner Account.

NOTE: The KDWC EDI Coordinator may contact you to verify information.

The KDWCEDI Coordinator will contact you if you have submitted vital processing information changes to discuss the potential impact and make the associated EDI Trading Partner migration/processing plans as necessary.

Sections A-G

Please enter all Mandatory Information. Definitions are provided to assist you. Failure to complete or submit this form may affect your implementation schedule and place your organization in an out of compliance status with Kansas requirements. Please contact the KDWCEDI Coordinator if questions arise or you need assistance.

Trading Partner Name: The name of the business entity that is reporting a Kansas Workers' Compensation Claim

Trading Partner Type: The type of Claim Administrator reporting a Kansas Workers' Compensation Claim

In Production Status with other IAIABC State(s): Indicates if the KDWC Trading Partner applicant has attained production status using IAIABC standards in other states.

Plan to use Kansas Web Claim Data Entry Option: Mark "Yes" or "No" to apply to use the Kansas web facility to data enter EDI Reports. **This option is available to claim administrators but requires KDWC authorization.** Use of this option is recommended for claim administrators who report 100 or fewer claims a year to KDWC, or qualifying reason.

If yes, enter anticipated annual volume: The number of Claims/ a KDWC Trading Partner applicant using the Kansas web claim data entry option expects to exchange per year.

If yes, enter Qualifying Reason: If your organization submits more than 100 claims a year to KDWC, enter the reason the Kansas web site data entry option is requested.

NOTE: The KDWC EDI Coordinator may contact you to review your request to use the Kansas web facility for report data entry.

The KDWC EDI Coordinator will advise the business contact of the status of your request and if authorized assign a User ID and Password by E-mail.

Trading Partner (Sender) ID:

FEIN: The Federal Employer's Identification Number of the Trading Partner.

TP 3-digit ID (If allowed by State): An optional 3-digit ID that may be used by the Trading Partner to manage its EDI distribution process.

Postal Code: The 9-position ZIP code (ZIP+4) for the trading partner's physical location address.

Trading Partner Physical Address:

    Street Address: The street address of the trading partner's physical location. It will represent where materials may be received when using delivery services other than the U.S. Postal Service P.O. Box address regarding "this" trading partner.

    City: The city of the trading partner's physical location address.

    State: The 2-character standard state abbreviation for the trading partner's physical location address.

    Postal Code: The 9-position ZIP code of the street address. The ZIP code combined with the trading partner's FEIN is used to identify the sender.

Trading Partner Mailing Address (If Different): The mailing address used to receive deliveries via the U. S. Postal Service. If this address is the same as the physical address, indicate "Same as above."

Sections H-J

Trading Partner Contact Information

In this section, include the information about those individuals we may contact regarding your EDI filings. There are three types of contacts and each address a different area of EDI processing when issues are encountered and your organization's assistance is needed to resolve the issue. Though unusual, one person may serve as **all three** types. Please read the definitions below and include the names and information as appropriate for your firm.

Business Contact: The individual most familiar with the overall data extract and transmission process within your business entity. He/she may be the project manager, business systems analyst, etc. This individual should be able to respond to any issues that may arise from other than the actual process of transferring the data from your business to the KDWC's receipt. Please provide the following information:

    Name: The name of the contact.

    Title: A descriptive term for the duties that the contact person performs.

    Phone: The telephone number where the contact can be reached during normal business hours.

    E-mail Address (preferred): If the contact has an e-mail address, please include the exact address where the Kansas EDI Coordinator may reach him/her.

    FAX: If a FAX is available, please include the telephone number of the FAX machine.

Vendor Contact: The Vendor to be contacted if transmission or product/services issues arise. Complete Section I if using a Vendor's Data Entry Service or other data transport vendor or method or web data entry EDI solution and skip J & K. This individual will be the point of contact for the appropriate product technical or business specialist. Please note that compliance and data quality issues are referred to the Trading Partner and not to the vendor. Please provide the following information:

Vendor Name: The name of the contact.

Vendor Contact Name: The name of the contact person at the vendor location.

Title: A descriptive term for the duties that the contact person performs.

Phone: The telephone number where the contact can be reached during normal business hours.

E-mail Address (preferred):   If the contact has an e-mail address, please include the exact address where the KDWC EDI Coordinator may reach him/her.

FAX: If a FAX is available, please include the telephone number of the FAX machine.

Technical Contact: The individual within your organization that is to be contacted if issues regarding technical or transmission process arise. Complete Section J if your Information Technology Staff operates your EDI system, or Imports or Exports Transactions to Client State. This individual may be a telecommunications specialist, computer operator, etc. If your organization uses a vendor product where "all" report information is keyed directly into that product, this type of contact does not apply to your organization.

Name: The name of the contact.

Title: Descriptive term for duties performed.

Phone: The telephone number where that contact can be reached during normal business hours

E-mail Address: If the contact has an email address please include the exact address at which the KDWC EDI Coordinator may reach him/her.

FAX: If FAX facilities are available, please include the telephone number of the FAX machine.

Section K

EDI Communication Information

Complete Section K if your organization controls the File Type or Network used. Please enter all Mandatory Information. Definitions are provided to assist you. Please contact the Kansas EDI Coordinator if questions arise or you need assistance. Failure to complete or submit this form may affect your implementation schedule and put your organization out of compliance with Kansas Requirements.

A Value Added Network (VAN) will be used to exchange data; the trading partner will specify the electronic mailbox to which data can be transmitted. Separate mailbox information may be provided for transmitting production versus test data.

EDI FILE TYPE: Check the appropriate File Format(s)

NETWORK: Three VAN options are included on the profile. Complete the box for the VAN you will be using. Leave the others blank.

USER ID: Identifies a trading partner's VAN mailbox/services. (Transmitter Only)

ACCT ID: Identifies a trading partner's VAN mailbox/services. (Advantis Only)

MESSAGE CLASS: Enter the message class if appropriate. (Advantis Only)

KDWC Trading Partner Profile

Trading Partner: The receiver is the Kansas Division of Workers' Compensation (KDWC).

EDI Requirements

Implementation Requirements

Release 1 Optional EDI Implementation Date: The first date that a Trading Partner MAY submit IAIABC R1 EDI Files under Production EDI transactions to KDWC

Release 1 Voluntary EDI Implementation Date: The date on which a Trading Partner will submit IAIABC R1 EDI Files under Production EDI transactions to KDWC as agreed upon.

File Format Requirements: The IAIABC Release that applies and the acceptable File Format types and versions.

Receiver's Flat File Record Delimiter: This character used by Trading Partners (claims administrators) to indicate the end of each physical record when submitting flat file transactions formatted according to the IAIABC proprietary standards.

Receiver's ANSI X12 Transmission Specifications

Segment Terminator: A character that indicates the end of a segment.

ISA T/P Information: Used to identify a transaction as Test or Production to prevent the inappropriate posting of data to test or production systems.

Data Element Separator: A character that separates data elements.

Sub Element Separator: A character that separates data elements within compound data elements.

ID: Identifies the trading Partner

Acknowledge 997: Indicates that a transmission will or will not be acknowledged in regard to complete and structurally correct exchange of data.

Acknowledge 824: Indicates that a batch or transaction will or will not be acknowledged in regard to business data content requirements and specific business deficiencies.

EDI Communication Information

This section specifies KDWC's Value Added Network (VAN) mailboxes, to which claims administrators can transmit EDI transactions to KDWC.

FEIN/Postal Code: The Federal Employer's Identification Number and 9-position ZIP code (ZIP+4) of KDWC that uniquely identifies KDWC as a trading partner.

Network: The name of the VAN service on which the KDWC's mailbox can be accessed.

Network Mailbox Acct ID: The name of the KDWC mailbox on the specified VAN.

Network User ID: This is the identifier of the KDWC's entity to the VAN.

Contact Information: This section identifies individuals assigned by KDWC to address EDI Claim Reporting issues.

EDI Coordinator: This is the individual who is assigned to handle all Trading Partner Submissions, Changes, or Deletions and route all TECHNICAL issues.

Business Contact: This is the individual assigned to address all business and Kansas Compliance questions.

All other inquires may be addressed to General Information.

7. Complete the Reporter's Trading Partner Transmittal Form

A "Reporter" is an insurer, third party administrator or other reporting entity that transmit reports electronically to a jurisdiction on behalf of other Trading Partners. The Reporter's Trading Partner Transmittal Form is used to expedite the processing of and scheduling of a group of trading partners using the same "Reporter." Enter the EDI Contact information in the "From" section of the transmittal form. When the "Reporter" is a TPA performing claim administration for the claims reported, a Trading Partner Agreement and Profile is only required of the TPA. If the "Reporter" is transmitting reports administrated by others, attach a Trading Partner Agreement and Profile for the "Reporter" and each organization it will be transmitting reports on behalf of. Coordinate collection of these documents from the individual organizations. Each transmittal form allows for the entry of twenty five trading partners. Complete as many forms as required. Retain a copy of the transmittal packet, and send the originals to the state contact listed in the "To" section of the form. Fax a copy to the KDWC EDI Coordinator.

Reporter's Trading Partner Transmittal Form

TO: State of Kansas
          Department of Labor
          Division of Workers' Compensation
          Attn: David Sprick
          800 SW Jackson Suite 600
          Topeka, KS 66612-1227

FROM: (*Reporter Name*)
          (Reporter Attention Line)
          (Reporter Address Street)
          (Reporter Address City, State, Postal Code
          Reporter Telephone Number

     *Master FEIN:_____***Postal Code:**_____
     Form ____ of ____

- See Instructions.

#	LEGAL NAME	FEIN
1		
2		
3		
4		
5		
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8		
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10		
11		
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#	LEGAL NAME	FEIN
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Instructions for completing the Reporter's Trading Partner Transmittal Form

Each "Reporter" completes one or more Reporter Trading Partner Transmittal Forms for all of the trading partners they transmit reports to KDWC on behalf of. You may use a copy of this form from the KDWC IG or obtain a copy preprinted from the KDWC web site. The completed form is to be faxed or e-mailed to the KDWC EDI Coordinator.

FROM Reporter Section

Reporter Name: Enter the legal name of the organization, an insurer, self-Insurer, third party administrator, or other reporting entity, who is submitting reports on behalf of others.

Reporter Attention Line: Enter the name of the reporter's organization, typically their EDI Coordinator, who is coordinating the submission of the Trading Partner Agreements and Profiles.

Reporter Street Address: Enter the street address for the person identified in the attention line.

Reporter City: Enter the city address for the person identified in the attention line.

Reporter State: Enter the state address of the person identified in the attention line.

Reporter Postal Code: Enter the postal code address of the person identified in the attention line.

Reporter Telephone Number: Enter the telephone number of the person identified in the attention line.

Master FEIN: Enter the FEIN associated with the Reporter Name listed on the form. If a Reporter performs EDI reporting services as separate entities, then a separate Reporter Trading Partner Transmittal Form is required for each and will contain the associated FEIN.

Postal Code: Enter Postal Code location associated to the Master FEIN.

Form: The transmittal of trading partners may require one or more "Transmittal Forms." Enter the number that corresponds to each successive form prepared for a transmittal to the state EDI Coordinator.

Of: Enter the total number of forms prepared to transmit a Reporter's Trading Partner Agreement and Profile forms.

Trading Partner List

For each Trading Partner the reporter transmits reports on behalf of, complete the following.

Legal Name: Enter a legal name of one of the Reporter's Trading Partners. The first entry should be for the Reporter, and each successive entry a different trading partner. It is recommended but not required that the trading partners be listed in alphabetical order.

FEIN: Enter the FEIN associated to the Legal Name.

8. Schedule Changes to your Internal Business Processes and Systems

Complete any changes to your internal business processes and systems prior to creating test transactions. The test criterion requires that you compile the test transactions from "actual" Kansas workers compensation claims that originate from your source system. This test data must be transmitted to KDWC through whatever reporting and "sending" systems you will use once you are approved to send "production" or live data to us.

9. Contact the KDWC EDI Test Coordinator to Review and Schedule Testing

Following receipt of the executed Trading Partner Agreement and the Trading Partner Profile (due at least 2 weeks prior to your scheduled test date), KDWC will prepare to accept test data from you. We will review your Agreement and Profile to determine whether you may be exempted from part or all of the testing.

Exemptions from Testing

If your organization or vendor uses an approved data transport method and have demonstrated EDI competency in other IAIABC EDI jurisdictions, the EDI Coordinator will advise you that your testing requirements have been reduced accordingly.

See the KDWC Test and Production Process section for KDWC Testing Objectives and Test Schedule Development for information section regarding exception from testing and determination of additional technical considerations and associated testing requirements.

Test Status Advisory

The acknowledgement of your Trading Partner Profile and Agreements from the KDWC EDI Test Coordinator will advise you of your test requirements by indicating how your Test/Production indicator is to be set. You will be advised to set your Test/production status indicator to:

Test and to participate in the scheduled test during your assigned test period if you are not exempted from testing.

Production and begin sending production transactions to KDWC on a mutually agreed upon date, if you are exempted from the test.

Therefore, it is important to complete the Trading Partner Agreement and Trading Partner Profile immediately to determine your test status in a timely fashion.

10. Schedule Training and Implementation for your Staff

Training of your staff in the KDWC requirements is your responsibility. Please feel free to use any of the information contained in this Guide or to make and provide as many photocopies of this Guide as may be needed to assist you in your training. The KDWC EDI Implementation Guide is not copyrighted or protected by copyright. It is provided to assist you in the planning and implementation of our reporting requirements. You may also find it helpful to contact others to identify training service providers. KDWC does not endorse or require that you use any specific certified providers or follow any specific training regimen. KDWC will be holding training sessions that you may find very helpful. See the KDWC web page for KDWC EDI training session information and dates.

KDWC Test and Production Process

Purpose

The objective of testing with KDWC is to ascertain our Trading Partner's technical and business reporting competence.

Technical Competence – Includes the ability to meet IAIABC Release 1 approved record format requirements and the use of an approved data transport method as defined in the following KDWC Implementation Guide sections: Communication Requirements, Kansas Policy for Additional External Connections, Network Requirements, Application Software Requirements, Processing Requirements, and Restrictions.

Business Competence – examines report data content to determine if it meets the quality standards of the KDWC. Business competence is demonstrated by the ability to submit FROI and SROI reports in the correct sequence and to pass the KDWC EDI System's edits for data presence and content.

Test Schedule – Test Plan Development

All KDWC trading partners who voluntarily participate in Kansas EDI are scheduled for testing on a first come first served basis and are required to complete the full test program. Trading Partners who do not use an approved data transport method must either secure such services or seek approval of their data transport method in accordance with the technical competency requirements referenced above. Please note that all programming and associated costs will be borne by the Trading Partner and that passing extensive technical and business competency testing is required.

Exemption from Testing: The Division's exemption testing policy is as follows:

- As stated on page 101, Trading Partners who use an approved data transport method with demonstrated competence reporting to another WC jurisdiction using IAIABC EDI Release 1 standards *may* be required to send only one test file to KDWC to validate connectivity.

- If a trading partner is in production with at least one other Release 1 state and using an approved experienced EDI vendor's compliance reporting system (Compliance Reporting System is comprised of data capture, data validation and data transport) in that state and plan to use the same vendor compliance reporting system in Kansas then the trading partner is only required to complete the technical capability testing, and is not required to pass the FROI/SROI business content testing.

- From the vendor's point of view, if they are sending data on behalf of a client in one Release 1 state (in production) and that client wants to do the same for their reporting in Kansas they are only required to complete the technical capability test to establish connectivity (one original FROI including Header Record with Test/Production indicator of T, the "00" Original FROI, and Trailer Record). Vendor's client will not be required to proceed through the FROI/SROI business content testing. Once connectivity has been established client will be moved into production status. **Please note, the Division allows exemption to testing on the assumption that the vendor's testing with each client on data capture, data validation and data transport has built-in checks and balances that render additional testing redundant**. **If this proves not to be the case the Division will require full testing for each vendor client.**

    A list of vendors is available on the KDWC web site.

    *   Please note that WC Reporting Products typically use an approved Data Transport vendor and meet IAIABC electronic record requirements, and varying levels of data editing and compliance with other EDI business rules.

All other KDWC EDI Trading Partners are required to complete the Test Plan during their assigned Test Plan Scheduled period. However, testing will be required of all non-exempted Trading Partners. Trading Partners must complete a test prior to their agreement's implementation date.

Two weeks prior to the first day of the scheduled test period, the trading partner or vendor must complete and submit the Trading Partner Agreement and the Sender Trading Partner Profile to the KDWC EDI Test Coordinator. You may contact KDWC Test Coordinator in either of the following manners.

- Via e-mail at Ks_EDI@claimsharbor.com or
- By telephone at (256) 704-2021.
- By fax at (413) 845-8238

You must contact the KDWC EDI Test Coordinator prior to sending any Test transaction(s):

- If you have any questions about the test,
- To confirm your testing readiness, or
- If you have not heard from the KDWC EDI Test Coordinator the week before your scheduled test period begins.

Though not required, every Trading Partner may benefit by a pretest review of the KDWC edits for each data element.

Having a "test plan" does not mean or require that a formal, testing document be exchanged between the participants. Rather, a discussion of a test plan is intended to take place and result in an understanding of the procedures and the processes involved.

Test Plan Procedures

Different testing procedures apply depending upon the transmission mode you will be using to send data to KDWC; see below description for web users and VAN mailbox users.

Kansas Division of Workers Compensation will not accept reports on paper from a claim administrator approved for production status after the agreed upon Production date for that claim administrator.

Test Overview for Web Users

The Kansas Division of Workers' Compensation's web site facility for on-line data entry of Kansas EDI reports is provided as a reporting option for claim administrators. KDWC authorization is required before this option can be used. KDWC recommends that this option be used by claim administrators with less than 100 claims per year to KDWC, or Special Reason to use this option. Refer to the EDI Trading Partner process section: 6 - Complete and Return the Senders Trading Partner Profile section to request this option and EDI Coordinator response. Claim Administrators using the web site data entry as the transmission mode need only test that they can access the KDWC web data entry site with their user name and password.

Reporter/Sender need only successfully enter a single record of one "real" Kansas workers' compensation claim. The "real" claim may be an open or closed claim – a claim with either status is acceptable.

The entry of one claim is sufficient and needs to be done only once for First Reports. The web site will automatically perform data format and validation edits and will only accept data in the correct format.

Test Overview for All Other Kansas Trading Partners

During the testing process and until notified otherwise by KDWC's EDI Test Coordinator of attaining Production Status, Claim Administrators, on behalf of their employer clients, must continue to provide the Kansas Workers' Compensation Division the paper Employers Report of Injury K-WC 1101-A (Rev. 1-02), or the electronic Kansas Open/Closed Claim Study flat file record. Any premature discontinuance by either the Claim Administrator or Employer could result in fines or penalties (see Fines and Penalties) for improper reporting.

There are six steps in the KDWC testing process, as follows.

1. Pre-testing Requirements
2. Technical Capability Test
3. Business Content Test File (First Reports of Injury)
4. Kansas Test Completion (First Reports of Injury)
5. Business Content Test File (Subsequent Reports of Injury)
6. Kansas Test Completion (Subsequent Report of Injury)

Testing will continue until the Claim Administrator meets Kansas data quality requirements as detailed following in Step 3. Continuing the testing may require additional test documents from those described in the following steps should the tester not pass a given level of testing.

Step 1: Pretest Requirements

Each Test submitter must request to be placed on the KDWC Test Schedule and ask the Kansas-EDI Coordinator to assign a test time period. Once the test time period is established, each Claim Administrator must prepare for the test. Complete and submit a Trading Partner Profile and Trading Partner Agreement. The required forms and instructions for completing them can be found in preceding sections 5 and 6.

Once KDWC EDI Test Coordinator has received and acknowledged the Trading Partner Profile and Trading Partner Agreement, the KDWC EDI Test Coordinator will review the testing guidelines, address any questions you may have, and confirm the scheduled time frame to submit Test files. Test transactions are required to be submitted on actual or "real" Kansas open or closed workers compensation claims, chosen by the Claim Administrator.

Step 2: Technical Capability Test File

The first test is the technical capability test. Once received, KDWC will process and acknowledge the test file (the claim administrator's technical capability). During this phase of the test procedure, the sender transmits a file of one Original First Reports of Injury to the KDWC. The test file must consist of the following transactions:

- Header record (with the Test/Production indicator (DN 104) set to "T")
- One "00," Original First Report of Injury transaction
- Trailer Record

While five days are allowed for the test, on the first day of the scheduled test period, the Claim Administrator forwards the Technical Capability Test File. Once the file is sent, the Claim Administrator must notify KDWC that the file has been sent. The advisory may be sent to KDWC EDI Test Coordinator via e-mail at Ks_edi@claimsharbor.com or by telephone at (256) 704-2021. Include the following information in the advisory:

- Date and time the test file was sent
- The identity of the VAN and mailbox address to which the test transaction was sent

In response to the Claim Administrator's advisory, KDWC will process the test file through the KDWC EDI System's edit processes and will return an AK-1 Acknowledgement, to the Claim Administrator.

The acknowledgement to a Technical Capability Test File is a batch acknowledgement and does not include a detail transaction edit response. The Acknowledgement may contain errors resulting from data edits. If there are data content edits found in the technical capability test of the First Report of Injury, they will not be corrected through a Correction "CO" transaction. There is no need to do so since data content is not being examined in this portion of the test.

If the file is technically acceptable, the test for business edits begins.

Follow Up Procedures

Responses are electronically created. Therefore:

- If KDWC does not receive a recognizable test file within 48 hours of receipt of the e-mail or phone call, the KDWC Test Coordinator will contact the Claim Administrator to investigate the status of Claim Administrator's test file.

- If the Claim Administrator does not receive an AK-1 batch acknowledgment within three days of sending the test file, contact the KDWC EDI Test Coordinator at the E-mail or phone number above.

When Step 2 has been completed, the KDWC Test Coordinator will advise the Claim Administrator to proceed to Step 3 below.

Step 3: Business Content Test File

After Kansas's acknowledgement that the Technical Capability Test File has been received and the KDWC EDI Test Coordinator has approved the capability portion of the test, the Claim Administrator will forward the first of two business content test files of First Reports of Injury to KDWC. KDWC requires that the two business content test files be sent in two separate batch transmissions sent on two different dates during the claim administrator's assigned test period.

Each Business Content Test File's First Report of Injury transaction must meet the following conditions:

- Must be sent from the Claim Administrator's production EDI system.

- Must contain data from "actual claims" handled by the Claim Administrator, which may either be open or closed claim files.

- Must reflect the full spectrum of required FROI reports (some of which are "00" Original First Report of Injury and at least one "AU" Acquired/Unallocated First Report of Injury and one "04" Denial First Report of Injury).

The business content test file must contain the following transactions, in the proper sequence:

- Header Record (with DN 104, Test/Production Indicator, set to "T")

- Ten First Reports of Injury (some of which are 00, some 04 and some AU)

- Trailer Record

The Claim Administrator may not send a second or follow up batch Business Content Test file until it has received the acknowledgements from the previous batch of First Reports of Injury. Send the second test file batch immediately after receiving the acknowledgement from the first test batch file. The second test file batch must contain no more than 10 transactions and include the transactions with the following MTCs.

- At least four new Original First Reports of Injury "00" for subsequent report of injury testing purposes.

- Correction "CO" transactions for each previous transaction acknowledged with errors (assigned a TE status code).

- Change "02" transactions for transactions previously sent with a change to one data element previously sent.

- A Cancel "01" transaction canceling a previously sent transaction.

If the Claim Administrator has not received an acknowledgement to the Business Content Test File within three days following the date it sent the file, contact the KDWC Test Coordinator by phone at (256) 704-2021or by e-mail at Ks_edi@claimsharbor.com to determine the test file status.

Data Quality Requirements for Business Content Test Files

Upon receipt of a Business Content Test File, Kansas will process the file through the KDWC EDI system's edit process and will return the AK-1 (or ANSI 824) detailed Acknowledgement. The Claim Administrator must review the detailed acknowledgement and implement corrective claim handling and or technology solutions for each error on transactions assigned either a TE or TR status.

- TE status will be returned for each transaction accepted with error(s).

- TR status will be assigned to a transaction rejected for not passing requirements.

The testing and evaluation process continues until two consecutive batches of business content Test Files are processed and acknowledged and on which the Claim Administrator has met the KDWC data quality requirements. KDWC business content Test Files data quality requirements are:

- A minimum of 85% are accepted with a TA or TE status

- No more than 15 % are rejected with a TR status

- A minimum of 80% correction compliance

Please note that the KDWC business content data quality requirement is hereafter referred to as the **85-15-80 standard**. The 85-15-80 standard will be utilized by KDWC for trading partners in production status (see page 110 "Guidelines for Implementing the 85-15 EDI Quality Compliance Standard").

Step 4: Kansas Test Completion (First Report of Injury)

Once the Claim Administrator successfully completes the FROI Business Content Testing, the EDI Test Coordinator and the Trading Partner must establish a date when the Claim Administrator will begin Step 5 Subsequent Report Business Content Testing.

Congratulations – FROI Testing Completed successfully

Please note: two more steps- Step 5 Business Content Test File (Subsequent Reports of Injury) & Step 6 Kansas Test Completion (Subsequent Report of Injury)- must be completed before a trading partner will be authorized by the Division to stop sending the paper Employer's Report of Injury and/or the Open & Closed Claims flat file to meet their obligations under the law.

Step 5: Business Content Test File (Subsequent Reports of Injury)

When the Claim Administrator has completed testing of First Reports of Injury and has been approved to move into production status, the testing of Subsequent Reports of Injury begins. It is important to complete both the First Report of Injury testing and the Subsequent Report of Injury testing during the scheduled test period assigned to each claim administrator and prior to the projected EDI Implementation date.

Order of MTCs for Subsequent Report of Injury Testing

KDWC requires the Claim Administrator to have achieved "production" status with FROI reports before beginning the testing of SROIs.

The Claim Administrator is to send Subsequent Report test transactions that match the claims on which the First Report of Injury test transactions were previously sent. (Otherwise, the Subsequent Report test transaction(s) will fail the reporting sequence edit that requires a FROI to be present on the KDWC database prior to the acceptance of a SROI.)

KDWC accepts the "IP," "AP," "CD," "FN," 04," "02," "CO," and "AN" SROI "MTCs." Any SROI MTCs other than "IP" 'AP," "CD," "FN," "04," "02," "CO," and "AN" sent will be rejected as not jurisdictionally valid. SROI MTC Data Element requirements are outlined in the preceding section for each Subsequent Report type MTC. The SROI data element requirements include the SROI mandatory data elements and the Kansas Agency Claim Number (assigned to the First Report of Injury during the FROI test cycle),

Test File Submission

All SROI test file submissions require the following:

- Each SROI test file transaction must match to a previously transmitted FROI.

- SROI Business Content Test File transactions within a transmission are required to be in the logical MTC sequence as follows (An IP equivalent must precede the FN. An FN must precede the AN.

  # The Upon Request "UR" transaction is not included in the SROI testing procedure.

- Two SROI tests will be required. Do not send the second batch of SROI test files until the acknowledgements from the first SROI test have been received.

SROI Test File Batch #1

Send at least one SROI record with a code value error in one field so that it will result in a TE or Accepted with Errors acknowledgment.

The first batch file must contain:

- Header (with the Test/Production indicator [DN 104] set to T)

- Minimum of ten SROI transactions with MTC of either 04, IP, AP, or CD

- Trailer

It is not necessary to either e-mail or telephone the Kansas EDI Test Coordinator that you have sent the SROI Business Content Test File. When received by KDWC, the SROI test file will be processed through the KDWC EDI system, edits applied, and the Acknowledgement returned.

> **NOTE**: If you have not received the AK1 Acknowledgement within three working days, contact the KDWC EDI Test Coordinator at (256) 704-2021 or e-mail to Kansas_edi@claimsharbor.com.

SROI Test File Batch #2

Once the first SROI Business Content Test File has been acknowledged and batch #1's test transactions have been assigned either a TE or TA status, send a second Business Content Test File with the SROI "02" and "CO" MTC records. If any transactions were acknowledged with a "TR" (Transaction Rejected) status, correct the error and resend the rejected transaction(s) in the second SROI batch. Also include in the second batch some FN and AN transactions and at least one of each "02" and "CO" SROI MTC code must be included. However, there is no other batch minimum or maximum number of transactions.

To send the "CO" a previously acknowledged SROI transaction must have been assigned a TE (Accepted with Errors) status. If no SROI transaction from the first batch of test files was assigned a "TE" status, send a test SROI FN transaction in the second batch with at least one data element with a value that does not match the KDWC transaction requirements. Doing so should produce a "TE" status on the acknowledgement.

Send the "CO" correction in a third SROI batch on the next business day to complete the testing. If you are uncertain about which data element or entry to send to cause the "TE" status response, contact the KDWC EDI Test Coordinator for assistance by phone at (256) 704-2021 or by e-mail at Ks_edi@claimsharbor.com.

SROI Data Quality Requirements

As with the First Report of Injury testing, the SROI Business Content Testing will continue until the Claim Administrator has met the KDWC Data Quality requirements. Refer to Data Quality Requirements in step 3 for a review of these KDWC Requirements.

When Step 5 testing is completed, the KDWC Test Coordinator will notify the Claim Administrator that SROI Testing is complete. If you do not receive acknowledgements from the last batch of SROIs sent within three days, contact the KDWC EDI Test Coordinator immediately.

Step 6: Test Completion (Subsequent Report of Injury)

Reaching Step 6 means that the Claim Administrator has successfully completed both First Report of Injury and Subsequent Report of Injury testing with the KDWC as advised by the KDWC test coordinator. Congratulations – Subsequent Report Business Content testing completed successfully, Production Status has been achieved.

Once the testing process for SROI reporting has been completed and acknowledged as such by the KDWC EDI Test Coordinator, the Claim Administrator may then begin sending "production" FROI and SROI reports on "actual" new EDI claims. Two reminders:

1. Remember to change the Test/Production indicator in the header record to "P" for Production before sending "actual" reports.

2. All Subsequent reports require that a First Report on the same claim be sent previously and acknowledged with a "TA" or "TE" status and an Agency Claim Number assigned to it. Do not send an EDI SROI report on a claim where the First Report of Injury was sent on paper unless you first send a FROI.

Continue with the "P" indicator unless informed by the KDWC that the data quality of Subsequent Reports of Injury no longer meets Kansas requirements, see <u>Data Quality Requirements for Business Content Test Files</u> in step 3 for a review of these requirements.

Ongoing Monitoring of Production Status

Guidelines for Implementing the 85-15 EDI Quality Compliance Standard

The KDWC EDI business content data quality requirement is referred to as either the **85-15 standard**, or the **85-15-80 standard**. Because the 80% portion of the standard refers only to TE corrections (corrections of reports receiving a TE acknowledgment) and not TR replacements (replacements for reports receiving a TR acknowledgment), the standard as it applies to either TAs, TEs, or TRs will be referred to as the 85-15 standard.

- A minimum of 85% of a specified set of transactions are accepted with a TA or TE status
- No more than 15 % of a specified set of transactions are rejected with a TR status
- A minimum of 80% of those transactions accepted with a TE status, within the specified set of transactions, have been corrected by submission of a correction transaction (CO) which itself receives a TA status.

For trading partners in production status, the 85-15-80 standard must be met each quarter. Trading partners are defined as an insurance carrier, self-insured employer, group-funded pool, or third party administrator responsible for submitting claim reports electronically to the Kansas Division of Workers Compensation (KDWC).

Procedures for Implementing the 85-15 Standard

(1) Once every quarter, KDWC will use a combination of Claims Harbor management reports, error reports, and division database queries, to monitor trading partner performance against the Kansas quality standard (the 85-15 rule).

(2) The 85-15 standard will be applied by measuring the combined percentage of TA and TE acknowledgments for all transactions over five batches, per trading partner, within the quarterly reporting period context.

(3) Those trading partners that fail to meet the standard will be temporarily classified as being in non-compliance status and will be monitored on a monthly basis until they meet the 85-15 standard.

(4) The 80% correction standard will be applied by measuring how many CO transactions sent in response to TE acknowledgments were received within the time frame established in the Claims Event Table (5 days) during the quarterly reporting period. An alternative method may be used in cases where a pattern is detected that a small percentage of the errors on single transactions are corrected on each of a series of CO transactions submitted in response to the single transaction. In such cases KDWC may measure the number of times the trading partner takes to get a transaction to TA status from the first TE (no matter how many COs it takes). The 80% rule will apply to the ratio of the number of corrections needed, to get a single transaction to a TA, to the number of errors in the initial transaction.

(5) Disciplinary compliance procedures will be invoked if the trading partner repeatedly fails the 85-15-80 standard.

Business & Technical Lead Task Summary

Suggested Review of Business Processes

- Suggest you select or hire an EDI coordinator.
- Examine and evaluate business processes and how EDI will affect them.
- Conduct an in-depth review of all data elements required by Kansas -- Review the Data Element Requirements Table.
- Review the definition of each element in the International Association of Industrial Accident Boards and Commissions (IAIABC) Release 1 EDI Implementation Guide.
- Note any difference between the IAIABC definitions and those you use in your business process.
- Note if data elements which are not required by Kansas noted on the Kansas Edit Matrix.
- Note those elements not captured in your database and those you may need to provide a means to capture.
- Determine if changes to paper (hard-copy) forms you print and use are needed to match those in the national IAIABC standards and which have been adopted by the Kansas Division of Workers Compensation.
- Review the IAIABC standard Maintenance Type Codes (MTCs are otherwise known as reports) and compare them with those Kansas requires.
- Determine which MTCs are required by Kansas.
- Review the example scenarios and sample data in the Kansas and IAIABC EDI Implementation Guides.
- Determine the Data elements and MTCs that are required for each scenario.
- Begin storing live claim data as soon as possible for later use in testing EDI transmissions to Kansas.
- Determine which data elements should be utilized as primary and secondary "match" data elements. (Match elements will generally be mandatory on the Element Requirements Table.)
- Review each data element by MTC. Decide which elements are mandatory ("M"), conditional ("C"), and optional ('O') for each MTC.
- Return to the Edit Matrix Table.
- Review all data elements by "Error Message." In other words, review all the data elements for the '001- Mandatory Field Not Present' error message, then continue through each of the following error messages.
- Review criteria for moving from "test status" to "production status."

Suggested Review of Technology Solutions

- Examine and evaluate current hardware and software and available vendor software packages or services. KDWC provides a list of vendors on its web site or you can search the Internet to find vendors. Remember, not all vendors are experienced in this technology or workers' compensation requirements. Neither the Kansas Division of Workers Compensation nor the IAIABC can take responsibility for information found on the Internet.
- Decide whether you will need to upgrade your system, to acquire new software or not to enhance your internal technology. If you have an existing database or internal reporting system that you will continue to use, you will need to
  - o Perform data extraction from your internal system,
  - o Perform data translation from flat file to ANSI ASC X12N, or IAIABC flat file.
  - o Send transmission of reports over an external electronic network.

  Your company may have existing transmission agreements with Value Added Networks (VANs) that are acceptable to the Kansas Division of Workers Compensation. You may elect to simply outsource the entire electronic aspect of the reporting process. Or, with the approval of KDWC, you may be eligible to manually submit claims data through the state's EDI web site.

- Purchase, develop in-house software or use third party services to convert your paper reports or electronic files so you can transmit the information to Kansas.
- Verify choice of format on Trading Partner Profile and Trading Partner Agreement: the Kansas Division of Workers Compensation will not accept electronic files on tape or diskettes, or UNEDIFACT protocols. Kansas does allow you to transmit ANSI ASC X12 or IAIABC Standard flat file, Release 1 (Version 3041).
- Verify Choice of transmission options for the Trading Partner Profile and Trading Partner Agreement: VAN, KDWC EDI web reporting site, or Third Party Administrator.

Common Programming Requirements

- Develop edits on information you will use for your EDI transactions.
- Develop a method of extracting the proper transactions to send per the rules and triggers in the Kansas Trading Partner Tables.

Education

- Educate your claims managers, agents, claims administrators, and data processing staff on new compliance requirements, timetables and definitions or specifications for data elements to be captured and reported.
- Educate your Information Systems and Claims management staff on cooperative business processes.

Implementation Scheduling

- Establish a date when you are scheduled to begin transmitting electronically with the Kansas Division of Workers Compensation EDI Coordinator. The Kansas testing and implementation list will be administered by the KDWC EDI Coordinator, in cooperation with their vendor.
- Review attachments to trading partner documents and internal business processes (See above).
- Execute authorization process.
- Review Trading Partner Agreement.
- Obtain authorization from your internal legal department to sign the Kansas Trading Partner Agreement.
- Review and note addresses on the Kansas Trading Partner profile.
- Review and draft internal/external transmission specifications.
- Review and draft internal/external Events processes and tables.
- Review and draft internal/external Element requirements documents.
- Review and draft internal/external Edits processes.
- Complete Kansas Trading Partner Agreement and attachments and send them to the KDWC EDI Coordinator.
- Obtain technology enhancements or contracts with service vendors (See above).
- Determine your internal test status.
- Transmit data in test status per your agreement with the Kansas EDI Coordinator.
- Review the Acknowledgement Kansas returns for your test data.
- Return error correction activity for those transactions with a Transmission Accepted with Errors status.
- Correct data and return an appropriate transaction for all transactions with a Transaction Rejected status.
- Repeat until 85 percent accurate ratio is achieved for each test transmission.
- Receive a letter from the Kansas EDI Coordinator granting production status.
- Begin sending production claims data on the date agreed upon with KDWC.

Technical Requirements

Claim information must be transmitted to KDWC through IAIABC Release I FROI and Release IA SROI EDI in either Flat File format with appropriate header and trailer records, or the ANSI 148 format. This Guide must be used in conjunction with the IAIABC Release 1 EDI Implementation Guide. The IAIABC Guide, which includes data element definitions, file formats, ANSI X12 requirements, etc., may be purchased by contacting the IAIABC at (608) 663-6355.

Experienced vendor services will include, at a minimum, responsibility for report transmissions and acknowledgements between the Sender and KDWC EDI System via KDWC recognized Value Added Networks (VANs) of IBM Global (Advantis) and AT&T. Vendor services and products often include the highly recommended features of pre-transmission data quality editing and management of EDI transmissions and acknowledgements. Administrators who do not contract with a vendor for part or all of these functions will be expected to perform those services. In this regard direct connects to KDWC will only be considered for large claim volume Administrators and Vendors who provide compelling cost and efficiency reasons. Vendors or Administrators seeking direct connection to the KDWC EDI System should refer to the KDWC Connect policy which imposes stringent technical competency requirements, data security, and application interoperability requirements.

Kansas Policy for the Addition of External Connections

Kansas supports an open Electronic Data Interchange (EDI) environment and opposes artificial barriers to competition among EDI vendors.

To promote and facilitate EDI between State Workers Compensation Jurisdictions, Claim Administrators, Employers, Providers, and Reporting Service Vendors, the Kansas vendor will add the ability for Vendors to Directly Connect to the KDWC EDI System, usually, although not exclusively, through a FTP connection. The request must be authorized by KDWC. A one time fee based on programming and specific Connect related requirements may apply per connection.

Technical capability requirements assure Jurisdiction EDI system users of reliable high quality data transfer and processes. Organizations wishing to establish a "Connect" with the KDWC EDI System must certify that they meet the following Network, Application, and Process requirements, and that they will adhere to the Restrictions. A thirty-day period will be allowed to test and establish reliable connectivity with each new Connect. Technical assistance is available from KDWC.

At the discretion of KDWC, a Connect may be disconnected for failure to meet requirements such as transmission quality, customer complaints, etc. KDWC reserves the right to suspend a Connect temporarily, when that Connect degrades the KDWC EDI System or associated process performance or connectivity.

Network Requirements

- Ability to communicate via modem (analog dial on POTS line) or Internet connection.
- Use verifiable file transmission protocols such as FTP or FMODEM/XMODEM, etc.
- Identify individual user accounts and provide at least password protection for account access.
- Route files to multiple receivers.
- Hold files for pickup by a receiver.
- Provide logging of file transmissions.
- Provide archive of file transmissions.
- Provide redelivery of files for at least two weeks after original transmission date.
- Ability to route X12 files based on ISA information.
- Provide reliable service (less than 3% down time during service hours).

Application Software Requirements

The VAN Vendor must provide software to connect to their service. KDWC will deliver transactions to the Vendor software either through a programmatic interface or by placing files in common directories. The Vendor software is completely responsible for delivery of the transactions to the Vendor's Network. The Vendor software must provide/perform the following:

- Provide a communications module callable from the KDWC EDI System that will perform connection, file transfer, and delivery verification without intervention.
- Communications with the Vendor Network and transfer of files does not require manual intervention.
- Provide adequate documentation for integration with the KDWC EDI System.
- If encryption is provided, include modules to perform encryption and decryption without intervention.
- If encryption is provided, use industry standard encryption methods, with the Vendor bearing the cost of licensing.
- Must be compatible with the KDWC EDI System operating environment (32 bit Windows).
- Must not interfere with KDWC EDI System or associated Jurisdiction system operations. (E.g. must not crash or unnecessarily load the system.)

Processing Requirements

- Send and receive multiple files within a single connection session.

- Provide an outbound queue where the KDWC EDI System can place transactions before sending.

- Provide an inbound queue where the KDWC EDI System can pick up transactions after receiving.

- Provide logging information on communications status to the KDWC EDI System, including success/failure notification.

- Identify sent files to prevent duplicate transmissions.

- Identify received files to prevent the KDWC EDI System from reprocessing them.

- Identify interrupted or failed transmissions and notify the KDWC EDI System.

- Recover from interrupted or failed transmissions and resend or re-receive files without creating duplicate transmissions and without intervention.

Restrictions

- Vendor software will not perform any additional or unanticipated processing such as validation of Acknowledgements, on the KDWC EDI System or other Jurisdiction systems.

- Vendor data will not be archived on the KDWC EDI Systems.

Appendix

Transaction Examples

First Report of Injury – Scenario

Employee John Jones was injured at 10:15 AM on 7/5/03 when he ran into a six foot stack of crates of paper plates with the fork lift he was driving. The stack of cardboard crates fell onto Jones, who complained of pain in his neck, back and right leg. Supervisor called to scene of accident. John Jones was taken by ambulance to St. Vincent's Hospital, where his broken leg was placed in a cast; a neck brace applied and was put on bed rest for one week. He is not expected to return to work for 3 weeks. The following information was taken from Mr. Jones' personnel file and on 7/6/03 Jones' employer, Knox Paper Suppliers, sent a First Report of Injury to Manufacturers Insurance Company (MIC) of Newark who assigned the claim to Smith Adjusting Service on 7/7/03. Smith Adjusting Service forwarded the Original First Report of Injury to KDWC on 7/9/03.

Header Record (HD1) – Claim Administrator to KDWC

Data Element Number	Data Element Name	Data Entry For Report	Comment
0001	Transaction Set ID	HD1	Header
0098	Sender ID (25) FEIN (9) Filler (7) Postal Code (9)	379876543 ------- 666290002	(Composed of 25 characters in 3 subparts) No hyphen (Blanks) No hyphen or spaces
0099	Receiver ID (25) FEIN (9) Filler (7) Postal Code (9)	226000325 ------- 666121837	(Composed of 25 characters in 3 subparts) No hyphen (Blanks) No hyphen or spaces
0100	Date Transmission Sent	20030709	
0101	Time Transmission Sent	173000	(Sent at 5:30 PM – converted to Military Time)
0102	Original Date Transmission Sent	Blank	
0103	Original Time Transmission Sent	Blank	
0104	Test/Production Indicator	P	
0105	Interchange Version ID	14801	

First Report of Injury (00) – Claim Administrator to KDWC

Data Element Number	Data Element Name	Kansas Requirement	Data Entry for Report
1	Transaction Set ID	Mandatory	148
2	Maintenance Type Code	Mandatory	00 (Original First Report of Injury)
3	Maintenance Type Code Date	Mandatory	7/9/03 sent as 20030709
4	Jurisdiction	Mandatory	KS
5	Agency Claim Number	Blank – Not Applicable	Mandatory on all transactions except first FROI.
6	Insurer FEIN	Mandatory	15-0089764 (sent w/o hyphen)
7	Insurer Name	Mandatory	Manufacturers Ins Co of Newark
8	Third Party Administrator FEIN	Conditional	37-9876543 (sent w/o hyphens)
9	Third Party Administrator Name	Conditional	Smith Adjusting Service
10	Claim Administrator Address Line 1	Optional	700 SW Jackson ST
11	Claim Administrator Address Line 2	Optional	
12	Claim Administrator City	Optional	Topeka
13	Claim Administrator State	Optional	KS
14	Claim Administrator Postal Code	Mandatory	66603-3731 (sent w/o hyphen)
15	Claim Administrator Claim Number	Mandatory	SAS78904
16	Employer FEIN	Mandatory	26-23457800 (sent w/o hyphen)
17	Insured Name	Mandatory	Kansas Paper and Cardboard Suppliers
18	Employer Name	Mandatory	Knox Paper Suppliers
19	Employer Address Line 1	Mandatory	1620 Southwest Tyler St
20	Employer Address Line 2	Optional	
21	Employer City	Mandatory	Topeka
22	Employer State	Mandatory	KS
23	Employer Postal Code	Mandatory	66612-1837 (sent w/o hyphen)
24	Self Insured Indicator	Mandatory	N (for No)
25	SIC Code	Mandatory	5113SC
26	Insured Report Number	Blank – Not Applicable	
27	Insured Location Number	Blank – Not Applicable	
28	Policy Number	Conditional	SWC145632
29	Policy Effective	Conditional	1-1-03 (sent as 20030101)
30	Policy Expiration	Optional	1-1-04 (sent as 20040101)
31	Date of Injury	Mandatory	7-5-03 (sent as 20030705)
32	Time of Injury	Mandatory	1015 AM (sent as 1015)
33	Postal Code of Injury Site	Conditional	66612-1837
34	Employers Premises Indicator	Mandatory	Y (for Yes)
35	Nature of Injury Code	Mandatory	90
36	Part of Body Injured	Mandatory	90

Data Element Number	Data Element Name	Kansas Requirement	Data Entry for Report
37	Cause of Injury Code	Mandatory	46
38	Accident Description/ Cause	Mandatory	EE drove forklift into stack of crates (paper plates). Resulted in broken right leg, back and neck pain.
39	Initial Treatment Code	Mandatory	3
40	Date Reported to Employer	Mandatory	7-5-03 (sent as 20030705)
41	Date Reported to Claims Administrator	Mandatory	7-7-03 (sent as 20030707)
42	Social Security Number	Mandatory	261-46-8762 (sent w/o hyphens)
43	Employee Last Name	Mandatory	Jones
44	Employee First Name	Mandatory	John
45	Employee Middle Initial	Optional	Q
46	Employee Address Line 1	Mandatory	3701 First Street Apt 4B
47	Employee Address Line 2	Optional	
48	Employee City	Mandatory	Topeka
49	Employee State	Mandatory	KS
50	Employee Postal Code	Mandatory	66629-0001 (sent w/o hyphen)
51	Employee Phone	Optional	(213) 876-1211
52	Employee Date of Birth	Mandatory	3-15-72 (sent as 19720315)
53	Gender Code	Mandatory	M
54	Marital Status Code	Optional	U
55	Number of Dependents	Conditional	
56	Date Disability Began	Conditional	7-6-03 (sent as 20030706)
57	Employee Date of Death	Conditional	
58	Employment Status Code	Mandatory	1- Full-time
59	Class Code	Conditional	5210
60	Occupation Description	Mandatory	Warehouseman II
61	Date if Hire	Mandatory	3-5-03 (sent as 20030305)
62	Wage	Optional	$950.00 (sent as 000095000)
63	Wage Period	Optional	1
64	Number of Days Worked	Blank – Not Applicable	
65	Date Last Day Worked	Blank – Not Applicable	
66	Full Wages Paid for Date of Injury Indicator	Blank – Not Applicable	
67	Salary Continued Indicator	Blank – Not Applicable	
68	Date of Return to Work	Conditional	

Trailer Record (TR1) – Claim Administrator to KDWC

Data Element Number	Data Element Name	Data Entry For Report	Comment
0001	Transaction Set ID	TR1	Trailer
0106	Detail Record Count	000000001	One transaction between header & trailer

Acknowledgement to First Report of Injury Scenario

Upon receiving the First Report of Injury, the KDWC edited the transaction and returned the following Acknowledgement to Smith Adjusting Company noting the Agency Claim Number assigned to this claim by KDWC. The First Report was acknowledged with no errors. The Agency Claim Number of 00001001 is now required on all reports/transactions following for this claim.

Header Record (HD1) – KDWC to Claim Administrator

Data Element Number	Data Element Name	Data Entry For Report	Comment
0001	Transaction Set ID	HD1	Header
0098	Sender ID (25) FEIN (9) Filler (7) Postal Code (9)	 379876543 ------- 666121800	(Composed of 25 characters in 3 subparts) No hyphen (Blanks) No hyphen or spaces
0099	Receiver ID (25) FEIN (9) Filler (7) Postal Code (9)	 226000325 ------- 666290002	(Composed of 25 characters in 3 subparts) No hyphen (Blanks) No hyphen or spaces
0100	Date Transmission Sent	20030710	
0101	Time Transmission Sent	083000	(Sent at 8:30 AM – converted to Military Time)
0102	Original Date Transmission Sent	Blank	
0103	Original Time Transmission Sent	Blank	
0104	Test/Production Indicator	P	
0105	Interchange Version ID	1481A	

Acknowledgement Transaction (AK1) - KDWC to Claim Administrator

Data Element Number	Data Element Name	Data Returned by Kansas DWC
1	Transaction Set ID	AK1
107	Record Sequence Number	000000001
108	Date Processed	7-10-03 (sent as 20030710)
109	Time Processed	2:15 AM (sent as 021500)
6	Insurer FEIN	15-0089764 (sent w/o hyphen)
14	Claim Administrator Postal Code	666290002 (sent w/o hyphen)
8	Third Party Administrator FEIN	37-9876543 (sent w/o hyphen)

Data Element Number	Data Element Name	Data Returned by Kansas DWC
110	Acknowledgement Transaction Set ID	148
111	Application Acknowledgement Code	TA
27	Insured Report Number	
15	Claim Administrator Claim Number	SAS78904
5	Agency Claim Number	**00001001**
2	Maintenance Type Code (From original transaction)	00
3	Maintenance Type Code Date (From original transaction)	7-9-03 (sent as 20030709)
112	Request Code (purpose)	
113	Free Form Text	
114	Number of Errors	00
	Variable Segment (if Errors)	
Error Code	**Error Code Occurs Number of Error Times**	00
115	Element Number	0000
116	Element Error Number	000
117	Variable Segment Number	0

Trailer Record (TR1) – KDWC to Claim Administrator

Data Element Number	Data Element Name	Data Entry For Report	Comment
0001	Transaction Set ID	TR1	Trailer
0106	Detail Record Count	000000001	One transaction between header & trailer

Subsequent Report of Injury "Initial Payment" (IP) Scenario

Mr. Jones worked on7/5/03 and his first day of disability was 7/6/03. With the 7 day waiting period satisfied on 7/12 with the compensable Temporary Total period being 7/13 – 7/19. The first check for TTD was issued on Friday, 7/18 with a start date of 7/13 and a through date of 7/19/03.

Header Record (HD1) – Claim Administrator to KDWC

Data Element Number	Data Element Name	Data Entry For Report	Comment
0001	Transaction Set ID	HD1	Header
0098	Sender ID (25) FEIN (9) Filler (7) Postal Code (9)	 379876543 ------- 666290002	(Composed of 25 characters in 3 subparts) No hyphen (Blanks) No hyphen or spaces
0099	Receiver ID (25) FEIN (9) Filler (7) Postal Code (9)	 226000325 ------- 666121800	(Composed of 25 characters in 3 subparts) No hyphen (Blanks) No hyphen or spaces
0100	Date Transmission Sent	20030718	
0101	Time Transmission Sent	113001	(Sent at 11:30:01 AM – converted to Military Time)
0102	Original Date Transmission Sent	Blank	
0103	Original Time Transmission Sent	Blank	
0104	Test/Production Indicator	P	
0105	Interchange Version ID	A491A	

Subsequent Report of Injury (IP) – Claim Administrator to KDWC

Data Element Number	Data Element Name	Kansas Requirement	Data Entry for Report
1	Transaction Set ID	Mandatory	A49
2	Maintenance Type Code	Mandatory	IP (Initial Payment)}
3	Maintenance Type Code Date	Mandatory	7/18/03 (sent as 20030718)
4	Jurisdiction	Mandatory	KS
6	Insurer FEIN	Mandatory	15-0089764 (sent w/o hyphen)
8	Third Party Administrator FEIN	Conditional	37-9876543 (sent w/o hyphen)
14	Claim Administrator Postal Code	Mandatory	66629001
42	Social Security Number	Mandatory	261-46-8762 (sent w/o hyphens)
55	Number of Dependents	Conditional	Blank (Mandatory if Death Claim)
69	Pre-Existing Disability	Blank – Not Applicable	
56	Date Disability Began	Mandatory	7-6-03 (sent as 20030706)
70	Date of Maximum Medical Improvement	Conditional	
71	Return to Work Qualifier	Conditional	

Data Element Number	Data Element Name	Kansas Requirement	Data Entry for Report
72	Date of Return/Release to Work	Conditional	
57	Employee Date of Death	Conditional	
62	Wage	Mandatory	$950.00 (sent as 000095000)
63	Wage Period	Mandatory	1
64	Number of Day Worked	Blank – Not Applicable	
67	Salary Continued Indicator	Blank – Not Applicable	
31	Date of Injury	Mandatory	7-5-03 (sent as 20030705)
26	Insured Report Number	Blank – Not Applicable	
15	Claim Administrator Claim Number	Mandatory	SAS78904
5	Agency Claim Number	Mandatory	00001001
73	Claim Status	Mandatory	C
74	Claim Type	Mandatory	I
75	Agreement to Compensate Code	Blank – Not Applicable	
76	Date of Representation	Conditional	
77	Late Reason Code	Blank – Not Applicable	
78	Number of Permanent Impairments	Mandatory	00
79	Number of Payment/Adjustments	Mandatory	01
80	Number of Adjustments	Mandatory	00
81	Number of Paid to Date/Reduced Earnings/ recoveries	Mandatory	00
82	Number of Death Dependent/Payee Relationships	Mandatory	00
83	Permanent Impairment Body Part Code	Conditional	Segment not sent
84	Permanent Impairment Percent	Conditional	Segment not sent
85	Payment/Adjustment Code	Mandatory	050
86	Payment/Adjustment Paid To Date	Mandatory	$633.34 (sent as 000063334)
87	Payment/Adjustment Weekly Amount	Mandatory	$633.34 (sent as 000063334)
88	Payment/Adjustment Start Date	Blank – Not Applicable	
89	Payment/Adjustment End Date	Blank – Not Applicable	
90	Payment/Adjustment Weeks Paid	Blank – Not Applicable	
91	Payment/Adjustment Days Paid	Blank – Not Applicable	
92	Benefit/Adjustment Code	Blank – Not Applicable	
93	Benefit Adjustment Weekly Amount	Blank – Not Applicable	
94	Benefit/Adjustment Start Date	Blank – Not Applicable	

Data Element Number	Data Element Name	Kansas Requirement	Data Entry for Report
95	Paid To Date/Reduced Earnings/Recoveries Code	Conditional	
96	Paid To Date/Reduced Earnings/Recoveries Amount	Conditional	
97	Dependent Payee Relationship	Blank – Not Applicable	

Trailer Record (TR1) – Claim Administrator to KDWC

Data Element Number	Data Element Name	Data Entry For Report	Comment
0001	Transaction Set ID	TR1	Trailer
0106	Detail Record Count	000000001	One transaction between header & trailer

The Initial Payment (IP) report was acknowledged by the KDWC with a Transaction Accepted status.

Subsequent Report of Injury "Final Report" (FN) Scenario

Mr. Jones returned to work at full duty and full pay on 8/15/03 with no permanency. The Final (FN) report was sent by Smith Adjusting Company on 8/29/03, advising the claim was closed, as follows. The financial data reporting the payment of Temporary Total Disability, doctor, hospital and other medical bills was included along with Return to Work date, return to work qualifier and MMI date per KDWC requirements.

Header Record (HD1) – Claim Administrator to KDWC

Data Element Number	Data Element Name	Data Entry For Report	Comment
0001	Transaction Set ID	HD1	Header
0098	Sender ID (25) FEIN (9) Filler (7) Postal Code (9)	379876543 ------- 666290002	(Composed of 25 characters in 3 subparts) No hyphen (Blanks) No hyphen or spaces
0099	Receiver ID (25) FEIN (9) Filler (7) Postal Code (9)	226000325 ------- 666121800	(Composed of 25 characters in 3 subparts) No hyphen (Blanks) No hyphen or spaces
0100	Date Transmission Sent	20030829	
0101	Time Transmission Sent	113001	(Sent at 11:30:01 AM – converted to Military Time)
0102	Original Date Transmission Sent	Blank	
0103	Original Time Transmission Sent	Blank	
0104	Test/Production Indicator	P	
0105	Interchange Version ID	A491A	

Subsequent Report of Injury (FN) – Claim Administrator to KDWC

Data Element Number	Data Element Name	Kansas Requirement	Data Entry for Report
1	Transaction Set ID	Mandatory	A49
2	Maintenance Type Code	Mandatory	FN (Final)
3	Maintenance Type Code Date	Mandatory	8/29/03 (sent as 20030829)
4	Jurisdiction	Mandatory	KS
6	Insurer FEIN	Mandatory	15-0089764 (sent w/o hyphen)
8	Third Party Administrator FEIN	Conditional	37-9876543 (sent w/o hyphen)
14	Claim Administrator Postal Code	Mandatory	66629001
42	Social Security Number	Mandatory	261-46-8762 (sent w/o hyphens)
55	Number of Dependents	Conditional	Blank (Mandatory if Death Claim)
69	Pre-Existing Disability	Blank – Not Applicable	
56	Date Disability Began	Conditional	7-6-03 (sent as 20030706)
70	Date of Maximum Medical Improvement	Conditional	
71	Return to Work Qualifier	Conditional	1
72	Date of Return/Release to Work	Conditional	8-15-03 (sent as 20030815)
57	Employee Date of Death	Conditional	
62	Wage	Mandatory	$950.00 (sent as 000095000)
63	Wage Period	Mandatory	1
64	Number of Day Worked	Blank – Not Applicable	
67	Salary Continued Indicator	Blank – Not Applicable	
31	Date of Injury	Mandatory	7-5-03 (sent as 20030705)
26	Insured Report Number	Blank – Not Applicable	
15	Claim Administrator Claim Number	Mandatory	SAS78904
5	Agency Claim Number	Mandatory	00001001
73	Claim Status	Mandatory	C
74	Claim Type	Mandatory	I
75	Agreement to Compensate Code	Blank – Not Applicable	
76	Date of Representation	Conditional	
77	Late Reason Code	Blank – Not Applicable	
78	Number of Permanent Impairments	Mandatory	00
79	Number of Payment/Adjustments	Mandatory	01
80	Number of Adjustments	Mandatory	00
81	Number of Paid to Date/Reduced Earnings/ recoveries	Mandatory	03
82	Number of Death Dependent/Payee Relationships	Mandatory	00

Data Element Number	Data Element Name	Kansas Requirement	Data Entry for Report
83	Permanent Impairment Body Part Code	Conditional	Segment not sent
84	Permanent Impairment Percent	Conditional	Segment not sent
85	Payment/Adjustment Code	Conditional	050
86	Payment/Adjustment Paid To Date	Conditional	$3673.37 (sent as 000367337)
87	Payment/Adjustment Weekly Amount	Conditional	$633.34 (sent as 000063334)
88	Payment/Adjustment Start Date	Blank – Not Applicable	
89	Payment/Adjustment End Date	Blank – Not Applicable	
90	Payment/Adjustment Weeks Paid	Blank – Not Applicable	
91	Payment/Adjustment Days Paid	Blank – Not Applicable	
92	Benefit/Adjustment Code	Blank – Not Applicable	
93	Benefit Adjustment Weekly Amount	Blank – Not Applicable	
94	Benefit/Adjustment Start Date	Blank – Not Applicable	
95	Paid to Date/Reduced Earnings/Recoveries Code	Conditional	350 (payments to doctors)
96	Paid to Date/Reduced Earnings/Recoveries Amount	Conditional	$757.39 (sent as 000075739)
95	Paid to Date/Reduced Earnings/Recoveries Code	Conditional	360 (payments to hospitals)
96	Paid to Date/Reduced Earnings/Recoveries Amount	Conditional	$1015.89 (sent as 000101589)
95	Paid to Date/Reduced Earnings/Recoveries Code	Conditional	370 (other medical payments)
96	Paid to Date/Reduced Earnings/Recoveries Amount	Conditional	$112.32 (sent as 000011232)
97	Dependent Payee Relationship	Blank – Not Applicable	

Trailer Record (TR1) – Claim Administrator to KDWC

Data Element Number	Data Element Name	Data Entry For Report	Comment
0001	Transaction Set ID	TR1	Trailer
0106	Detail Record Count	000000001	One transaction between header & trailer

The Final Report (FN) was acknowledged by KDWC with a TA status on Tuesday 9/2/03, following the holiday weekend.

Subsequent Report of Injury "Annual Report" (AN) Scenario

KDWC requires an Annual on June 1st following the end of the previous calendar year following the FN report **only** if the financial information on the Final has been updated. Smith Adjusting received a bill from the pharmacy for an approved Rx billed after the claim was closed.

Header Record (HD1) – Claim Administrator to KDWC

Data Element Number	Data Element Name	Data Entry For Report	Comment
0001	Transaction Set ID	HD1	Header
0098	Sender ID (25) FEIN (9) Filler (7) Postal Code (9)	 379876543 ------- 666290002	(Composed of 25 characters in 3 subparts) No hyphen (Blanks) No hyphen or spaces
0099	Receiver ID (25) FEIN (9) Filler (7) Postal Code (9)	 226000325 ------- 666121800	(Composed of 25 characters in 3 subparts) No hyphen (Blanks) No hyphen or spaces
0100	Date Transmission Sent	20040601	
0101	Time Transmission Sent	113001	(Sent at 11:30:01 AM – converted to Military Time)
0102	Original Date Transmission Sent	Blank	
0103	Original Time Transmission Sent	Blank	
0104	Test/Production Indicator	P	
0105	Interchange Version ID	A491A	

Subsequent Report of Injury (AN) – Claim Administrator to KDWC

Data Element Number	Data Element Name	Kansas Requirement	Data Entry for Report
1	Transaction Set ID	Mandatory	A49
2	Maintenance Type Code	Mandatory	AN (Annual)
3	Maintenance Type Code Date	Mandatory	6/1/04 (sent as 20060104)
4	Jurisdiction	Mandatory	KS
6	Insurer FEIN	Mandatory	15-0089764 (sent w/o hyphen)
8	Third Party Administrator FEIN	Conditional	37-9876543 (sent w/o hyphen)
14	Claim Administrator Postal Code	Mandatory	66629001
42	Social Security Number	Mandatory	261-46-8762 (sent w/o hyphens)
55	Number of Dependents	Conditional	Blank (Mandatory if Death Claim)
69	Pre-Existing Disability	Blank – Not Applicable	
56	Date Disability Began	Conditional	7-6-03 (sent as 20030706)
70	Date of Maximum Medical Improvement	Conditional	
71	Return to Work Qualifier	Conditional	1

Data Element Number	Data Element Name	Kansas Requirement	Data Entry for Report
72	Date of Return/Release to Work	Conditional	8-15-03 (sent as 20030815)
57	Employee Date of Death	Conditional	
62	Wage	Conditional	$950.00 (sent as 000095000)
63	Wage Period	Conditional	1
64	Number of Day Worked	Blank – Not Applicable	
67	Salary Continued Indicator	Mandatory	N (No)
31	Date of Injury	Mandatory	7-5-03 (sent as 20030705)
26	Insured Report Number	Blank – Not Applicable	
15	Claim Administrator Claim Number	Mandatory	SAS78904
5	Agency Claim Number	Mandatory	00001001
73	Claim Status	Mandatory	C
74	Claim Type	Mandatory	I
75	Agreement to Compensate Code	Blank – Not Applicable	
76	Date of Representation	Conditional	
77	Late Reason Code	Blank – Not Applicable	
78	Number of Permanent Impairments	Mandatory	00
79	Number of Payment/Adjustments	Mandatory	01
80	Number of Benefit Adjustments	Mandatory	00
81	Number of Paid to Date/Reduced Earnings/ recoveries	Mandatory	03
82	Number of Death Dependent/Payee Relationships	Mandatory	00
83	Permanent Impairment Body Part Code	Conditional	Segment not sent
84	Permanent Impairment Percent	Conditional	Segment not sent
85	Payment/Adjustment Code	Conditional	050
86	Payment/Adjustment Paid To Date	Conditional	$3673.37 (sent as 000367337)
87	Payment/Adjustment Weekly Amount	Conditional	$633.34 (sent as 000063334)
88	Payment/Adjustment Start Date	Blank – Not Applicable	
89	Payment/Adjustment End Date	Blank – Not Applicable	
90	Payment/Adjustment Weeks Paid	Blank – Not Applicable	
91	Payment/Adjustment Days Paid	Blank – Not Applicable	
92	Benefit/Adjustment Code	Blank – Not Applicable	
93	Benefit Adjustment Weekly Amount	Blank – Not Applicable	
94	Benefit/Adjustment Start Date	Blank – Not Applicable	

Data Element Number	Data Element Name	Kansas Requirement	Data Entry for Report
95	Paid to Date/Reduced Earnings/Recoveries Code	Conditional	350 (payments to doctors)
96	Paid to Date/Reduced Earnings/Recoveries Amount	Conditional	$757.39 (sent as 000075739)
95	Paid to Date/Reduced Earnings/Recoveries Code	Conditional	360 (payments to hospitals)
96	Paid to Date/Reduced Earnings/Recoveries Amount	Conditional	$1015.89 (sent as 000101589)
95	Paid to Date/Reduced Earnings/Recoveries Code	Conditional	450 (payments for prescription drugs)
96	Paid to Date/Reduced Earnings/Recoveries Amount	Conditional	$205.57 (sent as 000020557)
95	Paid to Date/Reduced Earnings/Recoveries Code	Conditional	370 (other medical payments)
96	Paid to Date/Reduced Earnings/Recoveries Amount	Conditional	$112.32 (sent as 000011232)
97	Dependent Payee Relationship	Blank – Not Applicable	

Trailer Record (TR1) – Claim Administrator to KDWC

Data Element Number	Data Element Name	Data Entry For Report	Comment
0001	Transaction Set ID	TR1	Trailer
0106	Detail Record Count	000000001	One transaction between header & trailer